



Hamilton County Board of Commissioners, Tax Levy Review Committee

Performance Review of Hamilton County Family Services and
Treatment Levy

June 2019

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I. EXECUTIVE SUMMARY

Public Consulting Group, Inc. (PCG) is pleased to present this report on the Performance Review of the Hamilton County Family Services and Treatment (FST) levy to the Board of County Commissioners (BOCC) of Hamilton County Ohio, Tax Levy Review Committee (TLRC). The purpose of this report is to provide the TLRC with a comprehensive overview of all FST levy funded treatment services within Hamilton County, including a detailed operational and financial analysis to inform future levy funding. PCG conducted an extensive review of each program including interviews with key agency stakeholders and an analysis of a variety of programmatic data to complete the operational and financial analysis.

Hamilton County has a robust array of treatment services delivered to individuals within the local criminal justice system to address the multi-faceted issues and barriers many of these individuals face, such as substance abuse disorders, mental health disorders, education, employment, housing, transportation, etc. It is evident through both qualitative and quantitative data that Hamilton County has a significant problem regarding opioid addiction, as many individuals in local treatment programs and housed at the Hamilton County Justice Center have substance abuse issues, specifically opioid dependence.

The FST levy provides funding to many programs that offer specific treatment, evidence-based interventions and supports to help these individuals return to society as productive citizens. Table 1 below represents the programs requesting FST levy funding for the upcoming levy period.

Table 1: FST Levy Funding Requests 2020 - 2024

Program	Agency
Hamilton County Drug Court/ADAPT	Hamilton County Mental Health and Recovery Services Board
1617 Reading Road Jail Based Treatment Program	Hamilton County Municipal Court
Turning Point and 6, 10, 20 Day DUI Program	Hamilton County Probation Department
1617 Reading Road Security	Hamilton County Sheriff's Office
Reentry Services	Hamilton County Office of Reentry
Veterans Treatment Court	Hamilton County Municipal and Common Pleas Courts, Department of Pretrial and Community Intervention Services
Sheriff's Mental Health Services	Hamilton County Sheriff's Office
Sheriff's Administration	Hamilton County Sheriff's Office
Municipal Court and Probation Administration	Hamilton County Municipal Court
PreventionFIRST!	Hamilton County Mental Health and Recovery Services Board
Heroin Coalition	Hamilton County Heroin Coalition

The vast majority of the FST levy funding is allocated to programs after individuals have been arrested or convicted and very little funding is allocated to substance abuse prevention efforts. According to several conservative estimates, every dollar invested in addiction treatment programs yields a return of between \$4 and \$7 in reduced drug-related crime, criminal justice costs, and theft. When savings related to healthcare are included, total savings can exceed costs by a ratio of 12 to 1. Major savings to the individual and to society also stems from fewer interpersonal conflicts; greater workplace productivity; and fewer drug-related accidents, including overdoses and deaths¹.

¹ National Institute on Drug Abuse. (2018). Principles of Drug Addiction Treatment: A Research-Based Guide (Third Addition). <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/drug-addiction-treatment-worth-its-cost>

On average, 96 percent of the budgeted funds in the FST Levy Plan have been spent each year (*note: this percentage does not account for the planned carry-over balance, it is just the percent of planned funds*). In 2015, 77 percent of the funds were spent, in 2016, 97 percent of the Levy Plan was spent in some fashion, in 2017 87 percent were spent, and in 2018, only 72 percent are showing as having been spend, but when encumbrances are accounted for, it is likely 123 percent. Only one year of completed actuals during this period so far, 2016, came close to 100% of the budgeted funds spent at 97 percent. On average, the FST levy has carried over \$2.8M each year, though the Levy Plan initially budgeted for a negative carry-over on average of -\$579,379.

For the upcoming FST levy cycle (2020 – 2024), PCG recommends the FST levy remain flat at \$6.2M with no increases for inflation. However, we do recommend a comprehensive review of the current FST levy allocation to determine where carryover balances or funds not utilized by other agencies can be allocated to prevention services or substance abuse treatment services, specifically for opioid dependence to help address this emergent need in the community.

Below are PCG's recommendations presented to the TLRC. For more detailed information regarding each recommendation, please reference *Section VI. Summary of Principal Observations and Recommendations*.

- Recommendation 1: Maximize Federal Revenue Opportunities
- Recommendation 2: Require Detailed Budgets, Expenditure Tracking, and Timely Invoices
- Recommendation 3: Streamline Contracting Processes and Payment Structures
- Recommendation 4: Develop a Uniform Definition of Recidivism
- Recommendation 5: Enhance Data Collection
- Recommendation 6: Invest in Data Interoperability
- Recommendation 7: Increase Treatment Bed and Detoxification Capacity
- Recommendation 8: Evaluate FST Levy Revenue Allocation
- Recommendation 9: Identify Individuals Eligible for Sentencing Alternatives Based Upon Risk Assessment

II. INTRODUCTION

PCG was contracted by the BOCC and the TLRC to complete a Performance Review of the Hamilton County FST levy.

Established by the BOCC in 1995, the purpose of the TLRC is to secure an independent review of all tax levy requests by having individuals from outside the system to participate in the process. The TLRC is intended to serve as a vehicle to challenge agencies who spend tax money to be creative, innovative and provide the best and most cost-effective services possible. The TLRC evaluates and reports to the BOCC on petitions for tax levies to be placed on the ballot.

A. Objectives

The TLRC identified the following objectives for the scope of the FST levy review:

- A) Overview of all treatment services provided within the Hamilton County criminal justice system and the available funding sources.
- B) Develop a map of treatment services provided within the Hamilton County criminal justice system.
- C) Provide operational analysis of each treatment program, including benchmarking of performance against similar programs both in Ohio and nationally.
- D) Provide financial analysis of each treatment program, including benchmarking of costs against similar programs both in Ohio and nationally.
- E) Provide recommendations for treatment programming best practices, costs savings and/or revenue enhancements.

- F) Provide a financial and operational evaluation of requested new FST Levy funded services.

B. Methodology

PCG employed a mixed-methods approach, completing both a quantitative and qualitative data analysis, to conduct the FST levy performance review. This approach offered PCG the ability to quantify the availability of family and treatment services, clients served and funding sources, as well as gauge deficiencies and gaps in the current criminal justice system through interviews with key staff from the various departments and organizations providing services to clients in Hamilton County. Combining the two approaches helped PCG inform recommendations to guide system improvements for the provision and planning of family and treatment services in Hamilton County over the next several years.

1. DATA AND MATERIALS REVIEW

PCG requested significant amounts of data from the various stakeholders involved in the criminal justice system and the FST levy for review and analysis. The following data elements were requested from each agency.

- **Annual cost of each program**
 - Funding sources
 - Detailed annual report and budget for the last five (5) years including all revenue and expenditures
 - Percentage of each program cost to total budget
- **Program details**
 - Number of clients served
 - Client demographics
 - Program capacity
 - Average size of waitlist
 - Program outcomes (i.e., recidivism rates, completion rates, termination rates, etc.)
- **Program staffing**
 - Budgeted FTEs by position
 - Average compensation by position type
 - Workload/caseload size for direct service positions, if applicable
- **Contract**
 - Current contracts with Hamilton County agencies
- **Other**
 - Policy and procedure manuals/handbooks for any programs
 - Any other data relevant to this report

The data was examined for completeness and accuracy prior to using the data to inform our analysis and recommendations.

2. STAKEHOLDER INTERVIEWS

From February to April 2019, PCG completed both in-person and phone interviews with the following stakeholders represented below in Table 2. The purpose of the interviews was to gather program information and better understand how each program measures success to develop an overview of all treatment services provided within the Hamilton County criminal justice system. The programs and services are provided through funding from the following sources: FST levy, other county levies, state funding, federal grants, donations and other fundraising initiatives.

Table 2: Stakeholder Interviews

Agency	Participants	Date(s)
Hamilton County Sheriff's Office	Don Evans, Supervisor, Office of Classification and Social Services	2/20/2019
Talbert House (1617 Reading Rd)	Josh Arnold, Vice President Teri Nau, Community Relations Director Jeremy Ratcliff, Director of Court Treatment Joseph Armstrong, Community Relations Specialist	2/20/2019
Hamilton County Office of Reentry	Trina Jackson, Director	2/27/2019
Talbert House (ADAPT, Turning Point)	Josh Arnold, Vice President Teri Nau, Community Relations Director Jeremy Ratcliff, Director of Court Treatment Joseph Armstrong, Community Relations Specialist	2/27/2019
Hamilton County Municipal Court	Tom Sauer, Director of Pre-Trial Services	2/28/2019 4/23/2019
Hamilton County Probation Department	Kevin Bonecutter, Probation Supervisor, Municipal Division	2/28/2019
Hamilton County Prosecutor's Office	Pam Sears, Assistant Prosecutor, Civil Division	2/28/2019
PreventionFIRST!	Mary Haag, President & CEO	2/28/2019
Hamilton County Sheriff's Office	Teresa Withers, Office Manager Kevin Horn, Fiscal Officer Matt Stoller, Internship from Secret Service Kevin Hopper, Accounting Manager	3/05/2019 4/10/2019
Hamilton County Prosecutor's Office	Mark Piepmeier, Chief Assistant Prosecutor	3/07/2019
Hamilton County Mental Health and Recovery Services Board	Pat Tribbe, President / CEO Bryan Weng, CFO Linda Gallagher, Vice President of Mental Health and Addiction Services Erik Stewart, Ph.D., Executive Vice President Jenny Heizman, Vice President, Administrative Services LaNora Godfrey, Vice President, External Affairs	3/14/19
Central Clinic Behavioral Health, Court Clinic	Gary Yuratovac, Program Director for Hamilton County Specialized Dockets	3/20/19

III. OVERVIEW OF TREATMENT SERVICES

Hamilton County has a robust array of family and treatment services delivered to clients within the local criminal justice system through a variety of county departments, agencies, community organizations, providers and partners. The FST levy is the primary source of revenue for many of the criminal justice system programs for substance abuse treatment, although the Indigent Care levy and Mental Health levy also support a variety of agencies and programs which also reach individuals part of the criminal justice system.

One of the most emergent needs in Hamilton County is the availability and access to substance abuse treatment programming. Ohio has experienced an opioid misuse and overdose crisis, similarly to many other states across the country. According to the Centers for Disease Control (CDC), in 2017 there were 5,111 drug overdose deaths in Ohio with opioids as the main driver of these deaths. Ohio ranked second (2nd) in the United States for the number of drug overdose deaths only behind West Virginia at 46.3 deaths per 100,000 population.² This data is consistent with information gathered from the Ohio Department of Health (DOH). According to the DOH, the Hamilton County Average Age-Adjusted Unintentional Drug Overdose Death Rate Per 100,000 Population, by County, 2012-2017

² Centers for Disease Control. (2018). Drug Overdose Deaths. <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

was 36.4 percent, which is 13th highest in the state.³ Data obtained from the DOH Bureau of Vital Statistics also shows that in 2017, Hamilton County had 500 overdose deaths which ranked 4th in the state of Ohio.

Drug abuse trends in Ohio are tracked and reported via the Ohio Substance Abuse Monitoring (OSAM) Network which conducts focus groups and individual qualitative interviews with active and recovering drug users and community professionals to produce epidemiological descriptions of local substance abuse trends.⁴ According to the most recent OSAM report, Drug Abuse Trends in the Cincinnati Region from June 2018, fentanyl, heroin, marijuana, methamphetamine, powdered cocaine and Suboxone® remain highly available in the Cincinnati region and there have been increases in the availability for methamphetamine; likely increased availability for crack cocaine and marijuana; and likely decreased availability for prescription opioids.⁵ The report further details that focus group participants and community professionals reporting heroin and fentanyl as the primary drugs of concern, with treatment providers reporting that younger users are starting with heroin/fentanyl and bypassing the progression from prescription opioids as other users.⁶ The 2017 DOH Drug Overdose Report further supports this claim that fentanyl is being used with other street drugs such as cocaine, heroin and methamphetamine which is driving Ohio's unintentional overdose deaths. It is also important to note that the OSAM report suggests the availability of crystal methamphetamine has also increased during the past six (6) months in the Cincinnati area.

Data from Ohio Department of Mental Health and Addiction Services (OhioMHAS) further supports the need for continued substance abuse treatment specifically for opioid addiction. Figure 1 below represents the total Hamilton County clients who received substance abuse treatment funded through Medicaid from July 2009 to June 2018. The last data uploaded to the OhioMHAS Datamart was October 2018.

³ Ohio Department of Health. (2018). 2017 Drug Overdose Report. https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/violence-injury-prevention-program/media/2017_ohio%20drugoverdosereport

⁴ Ohio Mental Health & Addiction Services. (2019). Ohio Substance Abuse Monitoring (OSAM) Network. <https://mha.ohio.gov/Research/Ohio-Substance-Abuse-Monitoring-OSAM-Network>

⁵ Ohio Substance Abuse Monitoring (OSAM) Network. (2018). Drug Abuse Trends in the Cincinnati Region. <https://mha.ohio.gov/Portals/0/assets/Research/OSAM-TRI/June2018/FINAL%20OSAM%20Cincinnati%20June%202018.pdf>

⁶ Ibid.

Hamilton County Opioid Clients - Medicaid Funded

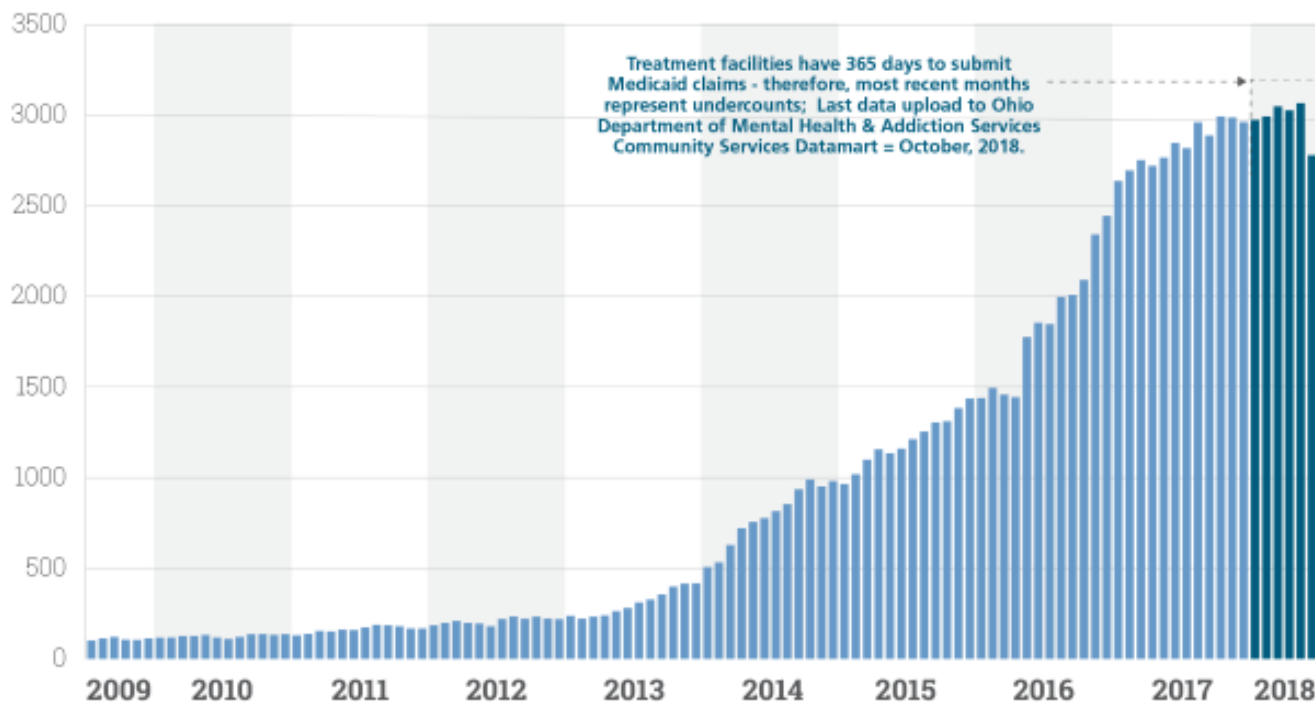


Figure 1: Total Medicaid Funded Opioid Treatment Clients 2009 – 2018

This same OhioMHAS data grouped by year shows the average number of opioid clients each year, including the dramatic increase in clients. In 2009, there was an average of 110 clients served in any given month; in 2018, there was an average of 2,981. Table 3 below shows the average number of clients in treatment for a given year, and the percent change from each of the previous years.

Opioid Treatment Client Increase

From 2009 to 2018, there was an increase of 2,614 percent with the average number of clients per year from 2015 – 2017 increasing over 50 percent each year alone.

Table 3: Opioid Treatment Clients 2009 - 2018

Year	Average # in Treatment for Year	% Change from Previous Year
2009^	110	-
2010	126	14%
2011	163	30%
2012	210	29%
2013	308	47%
2014	787	155%
2015	1,203	53%
2016	1,850	54%
2017	2,836	53%
2018*	2,981	5%
Overall Change from 2009 to 2018		2,614%

Over the past several years, the Hamilton County Sheriff's Office has also seen increases in the average daily population. Figure 2 below represents the total inmates at the Hamilton County Justice Center from 2014 – 2018 by total admissions and average daily population. The data indicates from 2014 – 2018 there has been an approximate 10 percent increase in the average daily population and an approximate 10 percent decrease in total admissions. Through discussions with Sheriff's Office staff, even though the total admissions have decreased, the increase in average daily population can be attributed primarily to sentence length and inmates that refuse treatment services. For instance, inmate sentences have increased in length due to either the type of offense or multiple charges, with many inmates having sentences of 180 days or more. Some inmates also refuse treatment services which requires the full sentence, instead of release at the end of treatment discharge. These inmates exhaust current bed capacity which increases the average daily count.

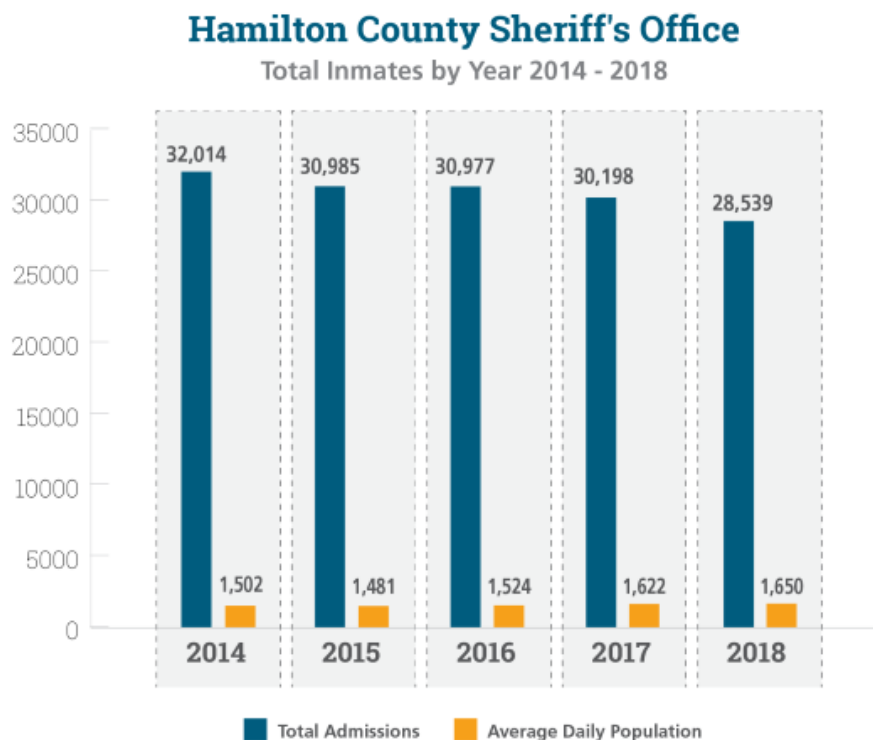


Figure 2: Total Admissions and Average Daily Population 2014 – 2018

A. Treatment Services Mapping and Program Data

The Hamilton County MHRBS recently completed a Sequential Intercept Map (SIM) exercise to address the challenges of the current opioid crisis. Using funding from the federal 21st Century CURES Act, the OhioMHAS contracted with the Ohio Criminal Justice Coordinating Center of Excellence through the Northeast Ohio Medical University to conduct SIM mapping across the state. Hamilton County participated in the SIM mapping exercise as a subrecipient of CURES funding for treatment services. Multiple county stakeholders participated in the process and developed a draft map of possible places of intervention in the criminal justice system for opiate addicted individuals. As a result of their participation, MHRBS secured a small grant to provide a prevention education event to the community.

The Sequential Intercept Model was developed over 15 years ago by Mark Munetz, M.D., Patricia A. Griffin, Ph.D., and Henry J. Steadman, Ph.D., of Policy Research Associates, Inc. as a conceptual model to inform responses to individuals within the criminal justice system with mental health and/or substance use disorders.⁷

PCG was given permission to use the SIM created by MHR SB and adapt it for the family and treatment services provided to the citizens in Hamilton County to further to assess available resources and determine gaps in services for future planning. Please reference *Appendix A: Treatment Services Sequential Intercept Map* for detailed information regarding the Family and Treatment Services map and associated program data.

IV. OPERATIONS ANALYSIS

An operational analysis was completed for each of the programs requesting FST levy funding for the upcoming levy period (2020 – 2024). This analysis included an examination of the data elements requested to gain a deeper understanding of each program’s operations in terms of program goals and objectives, organizational structure, populations served, contractual compliance, budgets, staffing, capacity and, most importantly, program outcomes. Data provided by each program was benchmarked and compared to similar counties in Ohio, if available and/or other national data. This comparison was used to develop best practice recommendations for the TLRC to consider moving forward for the FST levy.

The following programs and Hamilton County agencies have requested funding through the FST levy for the upcoming levy period.

Table 4: FST Levy Funding Requests 2020 - 2024

Program	Agency
Hamilton County Drug Court/ADAPT	Hamilton County Mental Health and Recovery Services Board
1617 Reading Road Jail Based Treatment Program	Hamilton County Municipal Court
Turning Point and 6, 10, 20 Day DUI Program	Hamilton County Probation Department
1617 Reading Road Security	Hamilton County Sheriff’s Office
Reentry Services	Hamilton County Office of Reentry
Veterans Treatment Court	Hamilton County Municipal and Common Pleas Courts, Department of Pretrial and Community Intervention Services
Sheriff’s Mental Health Services	Hamilton County Sheriff’s Office
Sheriff’s Administration	Hamilton County Sheriff’s Office
Municipal Court and Probation Administration	Hamilton County Municipal Court
PreventionFIRST!	Hamilton County Mental Health and Recovery Services Board
Heroin Coalition	Hamilton County Heroin Coalition

A. Hamilton County Drug Court/ADAPT – Hamilton County Mental Health and Recovery Services Board

1. PROGRAM OVERVIEW

Drug Court Services Alcohol & Drug Addiction Partnership for Treatment (ADAPT) is a partnership between the Hamilton County Drug Court, the Central Community Health Board of Hamilton County, Inc. (CCHB), Talbert House, and other community treatment providers. ADAPT for Men and Women programs are provided by Talbert House, which includes inpatient residential services. ADAPT Outpatient programs are provided by CCHB. These programs

⁷ Policy Research Associates, Inc. (2019). The Sequential Intercept Model. <https://www.prainc.com/sim/>

include a substance abuse treatment continuum for non-violent, felony drug offenders as an alternative to conviction and/or incarceration.⁸

ADAPT provides a comprehensive treatment program designed to serve drug and alcohol addicted men and women who have felony drug-related offenses. The duration of the full program continuum averages approximately 15 months, which includes the following:⁹

- Assessment (two (2) weeks)
- Inpatient residential (up to 90 days)
- Intensive outpatient and continuing care (12 months or more).

All referrals to the program are made by the Hamilton County Drug Court Judge. All offenders complete a pre-screening for the program in the courtroom followed by a 2-week assessment period. During this time, offenders are screened for other problems and/or barriers to program completion, such as active mental illness. Following the assessment, a report is completed with ADAPT recommendations for level of care which is submitted to the Drug Court Judge. Offenders must meet the OhioMHAS level of care for a residential program. If recommended for residential treatment, offenders are formally sentenced by the Drug Court Judge and ordered to complete treatment. Offenders are also placed on three (3) years of community control with the assigned Drug Court Probation Officer.

The services offered through ADAPT include:

- Chemical dependency education and treatment
- Criminality/behavior modification
- Individual and group counseling
- Frequent and random drug testing
- Vocational/ educational services
- Family and trauma counseling
- Mental Health individual counseling
- Primary Care
- Alcoholics Anonymous (AA)/Narcotics Anonymous (NA) groups
- Faith-based programming (voluntary).

2. STAFFING

Table 5 below represents ADAPT staff paid through the FST levy, including average compensation, percentage of full-time equivalent (FTE) funded, amount budgeted in total, and amount spent in total. Currently, there are 28.5 positions filled and funded through the levy. In addition to what is below, there is one Men's Resident Advisor and three women's Resident Advisor positions currently vacant.

Table 5: ADAPT FST Levy Staffing Compensation

Position	Average Compensation	Percentage FTE	Amount Budgeted	Amount Spent
Court Liaison	\$46,930	100% of 1 FTE	-	-
Case Manager	\$31,990	100% of 1 FTE	-	-
Operational Supervisor	\$38,043	100% of 3 FTE	-	-
Licensed Clinical Correction Providers	\$38,042	100% of 7 FTE	-	-
Resident Advisor	\$23,922	100% of 14.5 FTE	-	-

⁸ The Central Community Health Board of Hamilton County, Inc. (2019). ADAPT. <http://cchbinc.com/service/adapt-with-talbert-house/>

⁹ Hamilton County Mental Health and Recovery Services Board. (2019). Court Services. <https://www.hcmhrsb.org/services/court-services/>

Position	Average Compensation	Percentage FTE	Amount Budgeted	Amount Spent
Administrative Specialist	\$29,795	100% of 2 FTE	-	-
TOTAL			\$836,573	\$1,003,489

Average compensation for the levy funded positions were compared to the Bureau of Labor Statistics (BLS) to determine whether salaries were comparable to similar positions in the Cincinnati, Ohio area. To gather comparison data, the most relevant position title was used; not all position titles in the BLS matched agency position titles. The average compensation for a Mental Health and Substance Use Social Worker (Case Manager) is \$44,560. First-Line Supervisors of Office and Administrative Support Workers (Operational Supervisor) average salary is \$58,220. The average salary for a Substance Abuse, Behavioral Disorder, and Mental Health Counselor (Licensed Clinical Correctional Provider) is \$64,650. A Resident Advisor's average compensation is \$28,832 and the average salary for an Administrative Specialist is \$37,390¹⁰.

3. PROGRAM REVENUE AND EXPENDITURES

Table 6 below represents total actual program expenditures from fiscal years 2014 – 2018. Talbert House operates on a July-June fiscal year.

Table 6: ADAPT Program Actuals 2014 – 2018

ADAPT Program Actuals 2014 - 2018					
	2014	2015	2016	2017	2018
Revenue					
Insurance Revenue - Net of Contractuals	\$2,988	\$416	\$-	\$-	\$-
Alcohol and Other Drug (AOD) Medicaid	\$71,766	\$148,167	\$-	\$-	\$2,149
Mental Health (MH) Medicaid	\$786	\$5,355	\$-	\$-	\$-
Department of Rehabilitation & Correction (DRC) Per Diem	\$561,892	\$579,139	\$698,495	\$282,914	\$681,344
DRC / Community Correction Act Grant	\$53,001	\$53,001	\$53,001	\$53,000	\$53,001
Fair Non-Medic	\$-	\$-	\$-	\$-	\$2,532
Hamilton Co. AOD Treatment & Prevention Per Capita	\$-	\$13,125	\$-	\$-	\$57,876
Family Services & Treatment	\$-	\$-	\$-	\$1,208,557	\$1,208,557
Health and Hospitalization Indigent Care (HHIC)	\$172,210	\$11,808	\$1,500,787	\$386,525	\$168,829
HHIC – Central Community Health	\$-	\$-	\$-	\$(337,521)	\$(168,829)

¹⁰ U.S. Department of Labor. (2018). Occupational Employment Statistics. https://www.bls.gov/oes/current/oes_17140.htm#00-0000

Board of Hamilton County (CCHB) Offset					
Ohio Department of Drug and Alcohol Services (ODADAS) Early Intervention Grant	\$126,418	\$126,418	\$126,418.00	\$126,418.00	\$126,418
Hamilton Co. Drug Court	\$98,688	\$-	\$-	\$-	\$-
Health and Hospital Residential Treatment (HHRT)	\$1,338,613	\$1,324,657	\$-	\$-	\$-
Hamilton CO. MH Non-Medicaid	\$-	\$4,887	\$-	\$319,345	\$9,709
Department of Justice	\$100,855	\$173,153	\$140,250	\$76,919	\$41,068
Substance Abuse and Mental Health Services Administration (SAMSHA) Grant	\$368,285	\$429,528	\$548,092	\$428,677	\$205,538
Medicare - Net of Allowance	\$-	\$573	\$-	\$-	\$-
Allowance of Uncollectibles	\$(9,607)	\$(8,184)	\$-	\$-	\$-
Total Revenue	\$2,885,895	\$2,862,043	\$3,067,043	\$2,544,834	\$2,388,192
Expenses					
	2014	2015	2016	2017	2018
Salaries and Benefits ¹¹	\$960,323	\$1,123,030	\$1,155,583	\$1,047,023	\$1,178,800
Payroll Taxes	\$72,307	\$78,498	\$79,400	\$72,391	\$77,677
Other Employee Expense	\$42,372	\$49,803	\$69,293	\$23,630	\$21,573
Professional Services ¹²	\$564,437	\$310,651	\$391,860	\$210,934	\$111,806
Occupancy	\$254,972	\$218,546	\$221,451	\$237,457	\$234,521
Supplies	\$221,994	\$217,928	\$230,472	\$233,090	\$211,926
Equipment ¹³	\$41,448	\$50,237	\$38,904	\$20,443	\$28,383
Client Welfare Assistance ¹⁴	\$11,422	\$104,531	\$106,097	\$93,419	\$129,200
Other ¹⁵	\$17,760	\$10,788	\$8,300	\$8,936	\$17,714

¹¹ The increase in salaries and benefits in 2014 to 2015 was due to additional staffing associated with a SAMHSA grant. Similarly, the increase in salaries and benefits in 2017 to 2018 was due to additional staffing and overtime associated with a SAMHSA grant.

¹² The decrease in Professional Services expenditures is due to the closure of the internal drug lab resulting from Medicaid reimbursement. There was also a decrease in Addiction Treatment Program (ATP) services to community partners.

¹³ The decrease in Equipment expenses is related to the timing difference of furniture and office equipment replacement.

¹⁴ Client Welfare Assistance expenses increased due to added ATP funds.

¹⁵ Other expenses increased from 2017 to 2018 as a result of SAMHSA and Drug Court conference attendance.

Central Services ¹⁶	\$519,461	\$529,506	\$552,068	\$572,105	\$487,530
Total Expenses	\$2,706,496	\$2,693,518	\$2,853,428	\$2,519,428	\$2,499,130
Net Income	\$179,399	\$168,525	\$213,615	\$25,406	\$(110,938)

*ADAPT incurred a two year near loss of -\$85,000 for 2017 and annualized 2018 (-2 percent loss on revenue). Additional funding associated with ADAPT is uncertain each year; however, expenses remain relatively constant. The subsidized amounts are unknown for future periods.

4. CONTRACT COMPLIANCE

Talbert House is contracted annually through the Hamilton County Mental Health and Recovery Services Board (MHRSB) to provide a wide variety of mental health and addictions services, including ADAPT for Men and Women inpatient residential treatment services.

The specific program reporting requirements for ADAPT are listed below per *Attachment R: Agency Specific Requirements* of the contract.

Reporting Requirements

- Pre-treatment services are paid in the ADAPT program if the diagnostic assessment and treatment plan are complete and meet OhioMHAS standards.
- Pre-treatment groups may be billed as H0047 with specified modifiers according to funding source (HC HI clients qualifying for Family Service & Treatment Levy and HC HG for HHIC Levy funding).
- Non-Hamilton County residents in Drug Court shall not be enrolled in the SHARES system. Services are billed by paper or electronic spreadsheet invoice to the Vice President of Mental Health and Addiction Services. See Attachment C, Reimbursement for Services Not Submitted Through the SHARES system for billing procedures.

Article 15 of the contract contains the *Reporting Requirements Summary*, which includes all reporting requirements for each program provided by Talbert House and is represented in Table 7 below.

Table 7: Talbert House Contractual Reporting Requirements

Reporting Requirement	Due Date	Send To	Contract Location	Compliance Achieved
Administrative Requirements				
List of agency board members including terms and addresses	January 1	Contract Specialist	Article 6	✓
Certifications and assurances	January 1	Contract Specialist	Attachment J	✓
Central pharmacy assurance	January 1	Contract Specialist	Attachment L	✓
Fiscal Requirements				
Cost reimbursement invoices	End of following month	Chief Financial Officer	Attachment T	✓
Flexible assistance funds and Family support services fund forms	End of following month	Chief Financial Officer	Attachment M	✓

¹⁶ The decrease in Central Services is associated with the closure of the internal drug lab.

Reporting Requirement	Due Date	Send To	Contract Location	Compliance Achieved
Purchase of service invoices	End of following month	Chief Financial Officer	Attachment C	✓
AUCR/Revenue form	Same time as financial statement audit	Chief Financial Officer	Attachment C	✓
Annual budget	As Requested	Chief Financial Officer and OhioMHAS	Attachment C	✓
Independent financial statement audit	No later than 6 months after fiscal year	Chief Financial Officer	Article 7	✓
Insurance Requirements				
Commercial general liability	January 1	Contract Specialist	Article 11	✓
Professional liability	January 1	Contract Specialist	Article 11	✓
Employer's stopgap liability	January 1	Contract Specialist	Article 11	✓
Business auto liability	January 1	Contract Specialist	Article 11	✓
Directors' and officers' errors and omissions	January 1	Contract Specialist	Article 11	✓
Workers' compensation	January 1	Contract Specialist	Article 11	✓
Client Rights Requirements				
Annual report of client grievances	January 31	V.P of External Affairs	Attachment C	✓
Evaluation and Quality Assurance Requirements				
Major unusable reportable incident reports	24 hours for MH 72 hours for AOD	V.P MHAS	Attachment D	✓
Consumer satisfaction survey	July 31	System Performance Evaluator	Attachment D	✓
Quarterly quality assurance indicator report for MH	Jan. 31 – Apr. 30 July 31 – Oct. 31	System Performance Evaluator	Attachment D	✓
Quarterly consumer outcomes report for MH	Feb. 28 – May 31 Aug. 31 – Nov. 30	System Performance Evaluator	Attachment D	✓
Quality improvement plan for AOD	January 31	System Performance Evaluator	Attachment D	✓
Quarterly consumer outcomes report for AOD	Feb. 28 – May 31 Aug. 31 – Nov. 30	System Performance Evaluator	Attachment D	✓
Referral source satisfaction survey for AOD	January 31	System Performance Evaluator	Attachment D	✓
National outcome measures for AOD	Apr. 30 – July 31 Oct. 31 – Jan. 31	System Performance Evaluator	Attachment D	✓
Cost Reimbursement and Grant Requirements				
Project STEPS wrap program reports	July 29, 2017 January 31, 2018	Special Projects Coordinator	Attachment R	✓
Municipal court MH monthly reports	15 th of each month	Admin. Asst. V.P. MHAS	Attachment R	✓
Felony court MH quarterly reports	Apr. 30 – July 31 Oct. 31 – Jan. 31	Admin. Asst. V.P. MHAS	Attachment R	✓
Prevention, education program reports	July 29, 2017 January 31, 2018	Special Projects Coordinator	Attachment R	✓
MH deaf program	Apr. 30 – July 31 Oct. 31 – Jan. 31	Special Projects Coordinator	Attachment R	✓

Reporting Requirement	Due Date	Send To	Contract Location	Compliance Achieved
Forensic team annual report	January 29, 2017	Special Projects Coordinator	Attachment R	✓
Early childhood annual report	January 31, 2018	Special Projects Coordinator	Attachment R	✓
Family peer support annual report	July 29, 2017 January 31, 2018	Special Projects Coordinator	Article 7	✓
Cost reimbursement client identifying data	Apr. 30 – July 31 Oct. 31 – Jan. 31	System Performance Evaluator	Attachment D	✓
Problem gambling and addiction	August 31	AOD Specialist	Attachment V	✓
JOURNEY	As specified	V.P MHAS, JOURNEY Project Director	Attachment R	✓
CURES funding report	10 th day of each month	Coordinator of Wellness Management	Attachment R	✓

PCG confirmed Talbert house is meeting the MHR SB's program reporting requirements. According to the MHR SB, a new outcomes program was effective January 2016 that requires agencies to provide administrations of the Brief Addictions Monitor to the MHR SB. The MHR SB requires a production minimum of 70 percent related to this requirement. As this is a newer requirement implemented simultaneous to the introduction of the new data management system, SHARES, agencies have been challenged by this requirement with only three (3) of the contract agencies compliant in the past year. Talbert has shown advances in this effort having progressed from 22 percent production for CY 2016 to 43 percent production for CY 2018 but will require further emphasis to achieve the contractually required minimum.

5. COMPARISONS AND BENCHMARKS

Figure 3 below represents clients served by the ADAPT program from 2014 – 2018, including number of admissions, discharges, successful completions, and percentage of successful completions. Admissions to the program were highest in 2014 and decreased consistently through 2017 with an increase in 2018. Talbert House works in collaboration with the Hamilton County Drug Court team to ensure services are delivered at the needed level of care with appropriate clients placed into residential treatment. In addition, lengths of stay have increased due to severity of the opiate addiction and the court is the sole referral source and controls intakes.

ADAPT Clients

The decrease in clients can be attributed to the number of referrals received from the Hamilton County Drug Court. Eligibility for participation is voluntary and based on specific criteria established by applicable state law, therefore, referrals fluctuate from year to year.

Due to the length of the program, successful completions will always be lower than the number of admissions each year. The percent of clients successfully completing the ADAPT program ranges from 76 percent to a high of 90 percent in 2016, which indicates clients can successfully complete the required treatment. Through further discussions with Talbert House, the decrease in successful completions during this time period can be attributed to the number of clients refusing residential treatment after admission into the program. At the time of this report, the data from 2018 is incomplete. Recidivism rates are not currently tracked by Talbert House for this program.

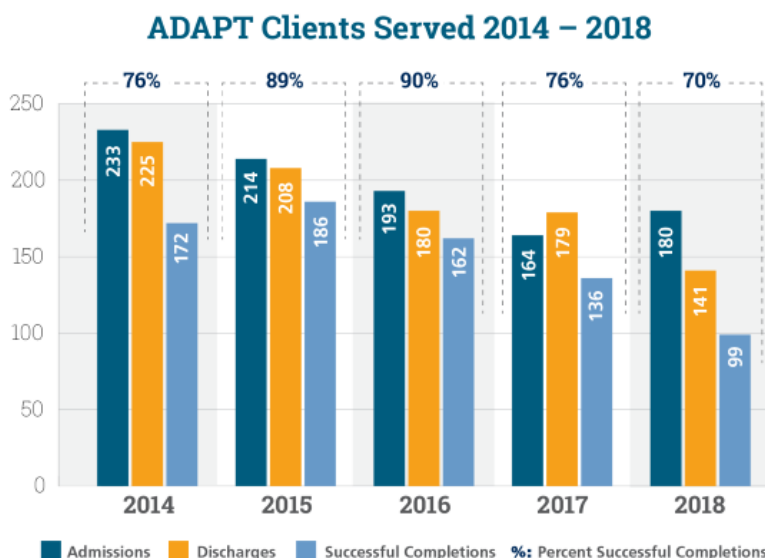


Figure 3: ADAPT Clients 2014 – 2018

In 2015, the MHR SB began working to develop a consistent measurement and data system to collect outcome data for all contractual agencies, such as Talbert House. MRSB adopted the Brief Addictions Monitor (BAM) for Alcohol and Other Drug Services Clients, which is a 17-item monitoring instrument to support measurement-based care for individuals with substance use disorders originally developed for use by the U.S. Department of Veterans Affairs (VA). According to the VA, the BAM has the following features: 1) May be administered as a clinical interview (in-person or telephonically) or via patient self-report; and, it typically takes about 5 minutes to complete, 2) Retrospectively examines the patient's behavior in the past 30-days, but has been adapted for repeated administrations as frequently as every 7 days, 3) Includes items that assess risk factors for substance use, protective factors that support sobriety, and drug and alcohol use, 4) Produces composite scores for risk and protection as well as a use score, and 5) A patient's clinical status may be assessed by examining individual BAM items and/or composite scores.¹⁷

The BAM tool is administered by all MHR SB contractual agencies at intake and discharge. Reports are generated by MHR SB every three (3) months for each agency to review outcomes. BAM can predict a variance in recovery for individual clients and compare results against similar clients. This is a valuable tool to assess agency performance with treatment goals. Figure 4 below represents outcome data from the BAM regarding the percent of Talbert House clients exhibiting improvement from January 1, 2017 – December 31, 2018. Please note, this includes all Talbert House clients, not just those clients served through ADAPT. For the period, 100 percent of clients showed either abstinence or diminished inhalant use, 65 percent showed abstinence or decreased alcohol use or alcohol bingeing, and 66 percent shows abstinence or decreased sedative use. In terms of improvement on factors associated with recovery, 66 percent of clients reported satisfaction in their recovery process.

¹⁷ Introduction to the Brief Addiction Monitor (BAM): A Tool to Support Measurement-based Care for People with Substance Use Disorders. https://www.mentalhealth.va.gov/communityproviders/docs/BAM_Overview_01_28_2014.pdf

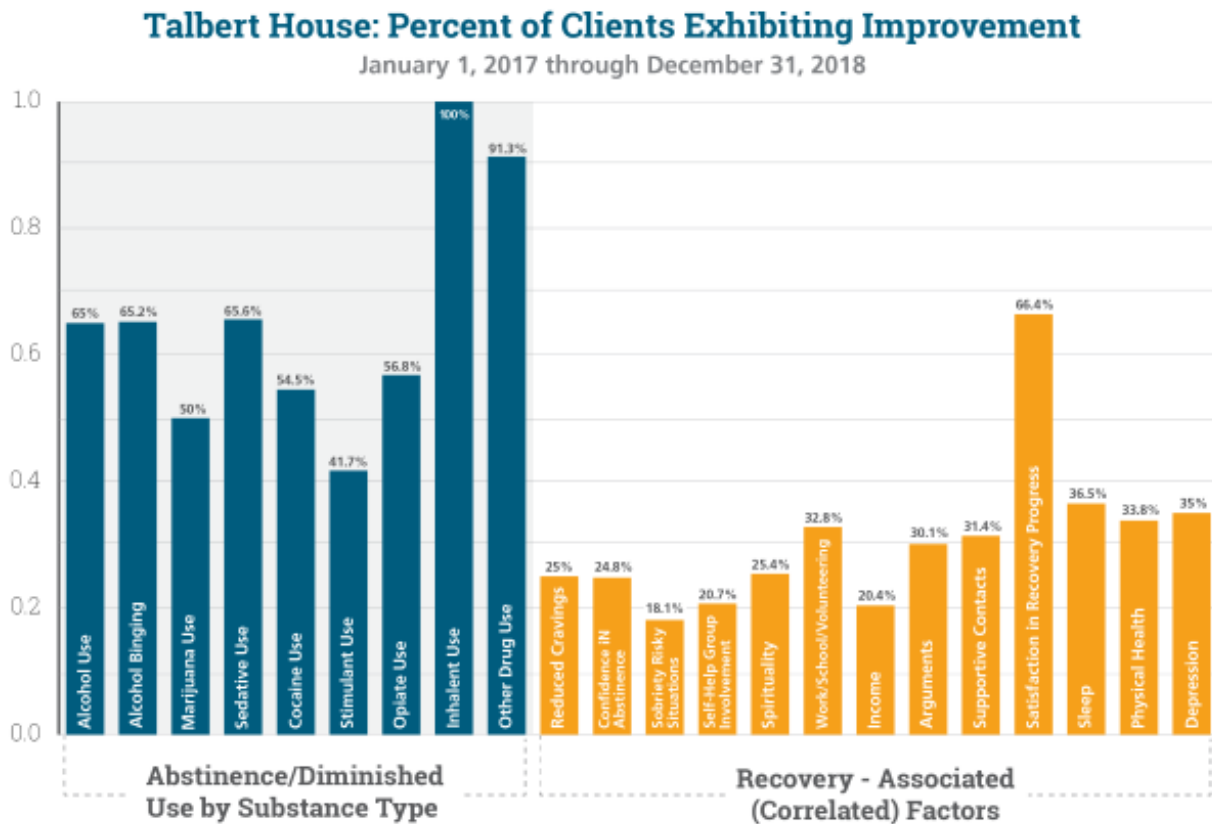


Figure 4: Talbert House Client Outcomes 2017 - 2018

Drug Court Comparison Data

Davidson County Drug Court Residential Program

ADAPT is a unique program that many drug courts across the country are not able to access. Most drug courts and problem-solving courts rely on local, private substance abuse treatment providers for treatment for these clients in outpatient settings. A similar program to ADAPT is the Davidson County Drug Court Residential Program (DC4) located in Metropolitan Nashville & Davidson County, Tennessee.

The Davidson County Drug Court Residential Program (DC4) is a long-term residential drug and alcohol treatment facility, operating under the supervision of the Division IV Criminal Court in the 20th Judicial District of Tennessee. The program assists offenders with overcoming addiction, eliminating criminal behavior, developing life skills, obtaining vocational training, completing basic education, and attending to other personal needs. DC4 can serve 171 adult male and female non-violent felony offenders for inpatient and intensive out-patient treatment. Offenders are referred to the program by the public defender office, a private defense attorney, the Community Corrections Program, or upon successful completion of an in-jail treatment program. When accepted into the program, the offender receives a chemical dependency, educational, employment and medical assessment.

The residential program includes the following four (4) stages:

- **Phase I - Assessment and Orientation (minimum 12 weeks):** Residents complete orientation and other assessments needed to develop a treatment plan. Residents stay at the facility 24 hours per day, seven (7) days a week and receive random drug tests.
- **Phase II - Stabilization and Rehabilitation (minimum of 12 weeks):** Residents work treatment plans coupled with a range of services, including individual, group, family, and drama therapy. Cognitive therapy and motivational interviewing are integrated with a 12-step based recovery program. Vocational training,

educational/GED training, life skills, cognitive behavioral interventions and 200 hours of community service work are incorporated. Residents are slowly integrated into the community by attending five (5) outside support meetings of AA/NA/Cocaine Anonymous (CA). At least two (2) drug screens are given each month

- **Phase III – Re-entry and Employment (minimum of 12 weeks):** Residents develop an initial aftercare plan, begin employment, and maintain educational training. Pass time is earned to gain additional access into the community. A program fee is charged to the offenders to offset the cost of the program. Residents receive at least three (3) drug tests per month.
- **Aftercare – Transition (minimum of six (6) months):** Residents are placed into transitional housing and return to DC4 weekly for group and individual therapy and receive two (2) drug tests per week.

Intensive Outpatient Treatment is a minimum of 12 months. Residents are required to report for group treatment two (2) to four (4) times per week, attend individual sessions, maintain full-time employment, pay all court and program-related fees, and receive no less than two (2) random drug screens per week.

Since the program was established in 1997, over 600 offenders have successfully completed the program. The recidivism rate is approximately 25 percent. The retention rate since program inception is approximately 65 percent. By using this program approach, since May 1997, the program has diverted approximately 1,500 people from the criminal justice process, maintained a negative drug test rate of 97 percent, provided the community with over 50,000 hours of community service, maintained a 100 percent employment rate for graduates. The cost of this program is \$48.00 per day compared to \$63.41 for each day in prison.¹⁸

B. 1617 Reading Road Jail-Based Treatment Programs: Extended Treatment for Men and Rewards Jail Intervention Program for Women – Hamilton County Municipal Court

1. PROGRAM OVERVIEW

The treatment program at 1617 Reading Road, operated by Talbert House, is a jail-based treatment program for adult offenders sentenced for misdemeanor and felony alcohol and/or drug-related offenses who meet the Hamilton County Sheriff's Department minimum security classification. Offenders with a criminal history of arson or sexual offenses, appear to be a danger to themselves or others, or have an unstable medical and/or psychiatric issue may be deemed ineligible for the program. The approximate 150 bed facility contains three (3) floors, with two (2) floors dedicated to female clients and one (1) floor dedicated to male clients. Extended Treatment for men utilizes 54 beds, while the Rewards Jail Intervention Program for women utilizes 90 beds. Both are 90-day programs; however, during the current fiscal year, the average length of stay for men in residential treatment is 85 days, and for women is 83 days. The average length of stay for men involved in drug court, as a step up or step-down program, was 129 days, and for women, it was 93 days. There are a variety of reasons why the length of stay may be longer than 90 days, which include housing waitlists, disciplinary actions while in treatment, and serious medical issues that complicate placement.

Offenders are referred to the program in the following ways:

- Offender is incarcerated on an alcohol- or drug-related misdemeanor or felony charge or client is referred for screening prior to sentencing.
- Offender expresses a need for treatment related to alcohol or drug abuse.
- Municipal or Common Pleas Court Judge orders treatment as sentence.
- Probation Department screens client for eligibility requirements.
- Sheriff's Department conducts screening to determine if the offender meets minimum security classification.
- Offender receives medical and psychiatric screening at the Hamilton County Justice Center.

¹⁸ Davidson County Drug Court. (2019). <http://drugcourt.nashville.gov/inside-drug-court/program-operations/>

The services offered at 1617 Reading Road include, but are not limited to the following:

- Assessment
- Case management
- Curriculum to target criminal thinking
- Medication assisted treatment (MAT)
- Life skills development
- Relapse prevention
- Individual and group counseling

Day-to-day operations include floor community meetings (scheduled to practice communication skills and identify any issues) and classes (e.g., substance abuse relapse prevention, corrective thinking, anger management for males, etc.). Other treatment and faith-based providers come into the facility to provide services (e.g., Alcoholics Anonymous, Narcotics Anonymous, Young Women's Christian Association (YWCA)).

2. STAFFING

Table 8 below represents 1617 Reading Road treatment staff paid through the FST levy including average compensation, percentage of full-time equivalent (FTE) funded, amount budgeted, and amount spent for each staff member. Average compensation includes salary only. Budgeted amounts are from July 2018 through June 2019 and actual amounts spent are from January 2018 – December 2018.

Table 8: 1617 Reading Road FST Levy Staffing Compensation

Position	Average Compensation	Percentage FTE	Amount Budgeted	Amount Spent
Operational Supervisor	\$59,155	100% of 3 FTE	\$154,886	\$104,058
Licensed Clinical Service Provider	\$37,111	100% of 19 FTE	\$606,250	\$481,974
Administrative Specialist	\$30,660	100% of 3 FTE	\$68,921	\$65,799
TOTAL			\$830,057	\$651,831

The actual amounts spent for the Operational Supervisor position and the Licensed Clinical Service Provider position above have experienced some turnover, with two of the Operational Supervisor positions vacant and one of the Licensed Clinical Service Provider positions vacant. There is currently no contractual requirement for staff positions to be filled, or within a certain time period.

The average salaries of the above positions were compared to the average salary of a similar position in Cincinnati, Ohio listed in the BLS. According to the BLS, the average First-Line Supervisor of Office and Administrative Support Workers (Operational Supervisor) salary is \$58,220. The average salary for a Substance Abuse, Behavioral Disorder, and Mental Health Counselor is \$64,650 and the average salary for an Administrative Specialist is \$37,390.

3. PROGRAM REVENUE AND EXPENDITURES

Table 9 below represents actual program expenditures from fiscal years 2014 – 2018.

Table 9: 1617 Reading Road Program Actuals 2014 – 2018

1617 Reading Road Program Actuals 2014 - 2018					
	2014	2015	2016	2017	2018
Revenue					
Health and Hospitalization Indigent Care (HHIC)	\$173,237	\$155,762	\$2,304,720	\$138,288	\$142,087 ¹⁹
Health and Hospital Residential Treatment (HHRT)	\$2,546,652	\$2,356,542	\$-	\$-	\$-
Insurance Revenue - Net of Contractuals	\$-	\$40	\$-	\$-	\$-
Family Services & Treatment	\$-	\$-	\$-	\$2,166,432	\$2,211,473
Hamilton Co. MHB Cost Reimbursement	\$-	\$-	\$-	\$224,766	\$150,000
Total Revenue	\$2,719,889	\$2,512,344	\$2,304,720	\$2,529,486	\$2,503,560
Expenses					
Salaries and Benefits ²⁰	\$1,133,956	\$1,057,284	\$991,139	\$965,503	\$898,685
Payroll Taxes	\$87,756	\$79,841	\$73,925	\$72,874	\$65,583
Other Employee Expense	\$23,211	\$16,343	\$11,781	\$6,471	\$8,459
Professional Services ²¹	\$105,876	\$100,933	\$118,485	\$107,684	\$151,021
Occupancy	\$455,369	\$533,600	\$519,032	\$513,090	\$531,374
Supplies ²²	\$49,543	\$33,938	\$37,400	\$119,152	\$45,436
Equipment	\$50,650	\$58,631	\$39,408	\$42,371	\$44,341
Client Welfare Assistance ²³	\$17,559	\$10,732	\$18,670	\$74,235	\$41,034
Other	\$11,288	\$8,449	\$7,425	\$6,208	\$7,731
Central Services	\$489,580	\$452,222	\$414,850	\$455,307	\$450,641
Total Expenses	\$2,424,788	\$2,351,973	\$2,232,115	\$2,362,895	\$2,244,305
Net Income	\$295,101	\$160,371	\$72,605	\$166,591	\$259,255

*1617 Reading Road averaged a 7 percent margin over the last five (5) years. This allows subsidization of the ADAPT and Turning Point programs. Future capital expenditures are estimated at \$75,000 for required elevator upgrades and parking lot resurfacing.

¹⁹ Talbert House has confirmed this line item is miscoded and will be moved to the Family Services and Treatment line item.

²⁰ Clinical positions have decreased in correlation to decreased tax levy revenue.

²¹ Due to receiving an OhioMHAS grant to provide criminal justice behavior health linkage services and MAT services, Talbert House had an increase in supplies expenses.

²² Due to receiving an OhioMHAS grant to provide criminal justice behavior health linkage services and MAT services, Talbert House had an increase in supplies expenses.

²³ Due to receiving an OhioMHAS grant to provide criminal justice behavior health linkage services and MAT services, Talbert House had an increase in supplies expenses.

4. CONTRACT COMPLIANCE

Talbert House is contracted through the Board of County Commissioners of Hamilton County on behalf of the Hamilton County Municipal and Common Pleas Courts to provide the jail-based treatment programming at 1617 Reading Road and Turning Point. One contract is executed for all Talbert House programming for a four-year term with specific Exhibits for each program.

Exhibit E: Men's Extended Treatment Program and Rewards Jail Intervention Treatment Program for Women contains program and facility requirements and reporting responsibilities. Table 10 below represents the reporting responsibilities for the contract and achievement of compliance with the requirements.

Table 10: Talbert House Contractual Reporting Requirements

Reporting Requirement	Due Date	Send To	Compliance Achieved
<u>Treatment Intervention Discharge Report:</u> Vendor must submit a written report to the Courts detailing the following information: a. The services received by the participant; b. The dates services were provided to the participant; c. The participant's progress during the provision of services; d. The participant's discharge service/community discharge plan; and e. The participant's final termination status.	Upon discharge	Courts and Sheriff's Office	✓
<u>Monthly Outcome Report:</u> Vendor must submit a written monthly outcome report detailing the goals attained by participants who were sentenced to the MET or IRJI program as described in the Vendors proposal. This must represent the number participating in Chemical Dependency Treatment, Relapse, Criminal thinking and Behavior. Report must include the number of participants receiving service in the following: a. Personal discharge plans b. Family Engagement c. Diagnostic Assessment Form d. Risk scores for all participants e. Individual Counseling f. Group Counseling g. Demonstrated improvement in targeted areas	Within 60 days following the month	Courts	✓
<u>Process Evaluation Report:</u> Vendor must submit a written monthly process evaluation report to the Courts which includes: a. The total number of participants. b. The number of participants that successfully completing treatment. c. The average daily participation.	Within 45 days following the month	Courts	✓

The Hamilton County Municipal Court Probation Department confirmed Talbert House is compliant with submissions of the Treatment Intervention Discharge reports, which are submitted to the Treatment Services Supervisor.

5. COMPARISONS AND BENCHMARKS

Figure 5 below represents the 1617 Reading Road clients served from 2014 - 2018, including number of admissions, discharges, successful completions, and percentage of successful completions. Admissions to the program were highest in 2014 (N=1186) and decreased approximately 55 percent through 2017 (N=648). However, there was a significant increase in admissions from 2017 to 2018. Through further discussion with Talbert House, the program experienced a decrease in admissions to the clinical program; however, the bed day utilization has remained consistent. Successful completion rates range from 81 percent to 89 percent which suggests, that overall, clients are successful with their treatment plans and program compliance. At the time of this report, the data from 2018 is incomplete. Similar to ADAPT, Talbert House does not track recidivism rates for this program.

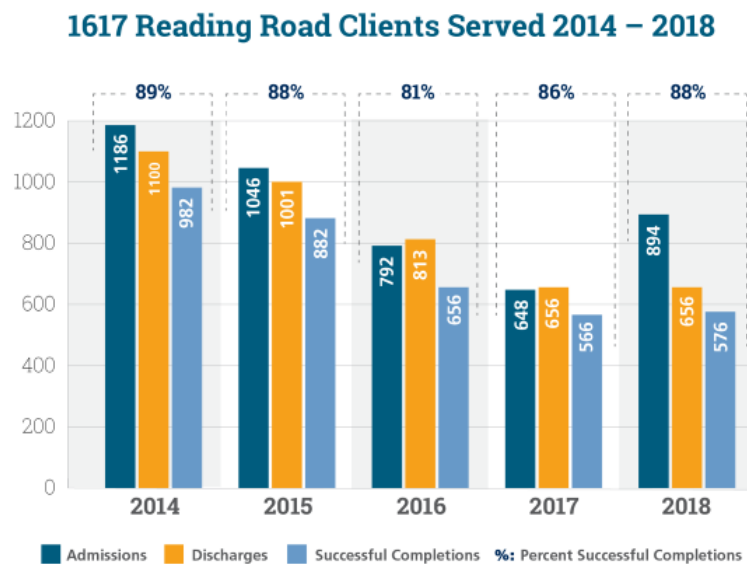


Figure 5: 1617 Reading Road Clients 2014 – 2018

Table 11 below represents the utilization rate for 1617 Reading Road from fiscal years 2014 - 2018.

Table 11: 1617 Reading Road Utilization

Variable	2014	2015	2016	2017	2018
Treatment Admissions	1337	1197	922	790	1002
Non-Treatment Admissions	85	175	256	309	362
Bed Days Utilized	50,958	55,592	51,951	51,692	52,884
Total Bed Days	52,560	52,560	52,560	53,665	53,655
Utilization Rate	97%	105%	98%	96%	98.5%

From 2014 to 2017, this program experienced a decrease in admissions to the clinical program. However, bed utilization rates have remained relatively stable throughout the five (5) year period. Fluctuations in admissions and length of stay have occurred due to the number of clients who have refused treatment as well as the opiate crisis. The implementation of the Criminal Justice Behavioral Linkage Grant to provide medical assistance treatment (MAT) services and community linkage case management has positively impacted treatment admissions and length of stay.

1617 Reading Road Clients

The Hamilton County Sheriff's Department controls the intakes to the program and uses beds across the system to meet the demands of jail overcrowding; however, 1617 Reading Road is used for overcrowding of inmates who are not engaged in treatment, which is not the intended use for this facility or funding.

Medication-Assisted Treatment Comparison Data

Sacramento County Jail, California

In 2013, The Sacramento County Sheriff's Department Reentry Services Bureau, Sacramento Probation Department, and Correctional Health Services began implementing a program to provide substance use treatment with the administration of naltrexone to inmates who had a history of opiate and/or alcohol use. Of the first 174 total program participants, 31 percent were arrested for new offenses.²⁴

Middlesex Jail and House of Correction, Massachusetts

In 2015, the Middlesex Sheriff's Office (MSO) revised its current MAT by establishing the Medication-Assisted Treatment and Directed Opioid Recovery (MATADOR) program, which provides extended-release injectable naltrexone to participants. This program partners with 35 community-based providers that accept and continue MAT with released inmates. In addition, the program is exploring the inclusion of all MAT medications so individuals participating in the community program can continue receiving treatment while incarcerated.²⁵ As of January 2018, of the 370 program participants, 81 percent had not been rearrested.²⁶

C. Turning Point and 6, 10, 20-Day DUI Program – Hamilton County Probation Department

1. PROGRAM OVERVIEW

Turning Point

Operated by Talbert House, Turning Point is a chemical dependency residential treatment program, for male offenders incarcerated for alcohol and/or other drug-related offenses. The facility has a capacity of 50 beds. The specific target population are those offenders with multiple Operating Vehicle While Intoxicated (OVWI) convictions. The length of stay is based on an individual's ability to make progress and for treatment best practice which can last for 70 to 100 days. Offenders with a criminal history of arson or sexual offenses, appear to be a danger to themselves or others, or have an unstable medical and or psychiatric issue may be deemed ineligible for the program.

Offenders are referred to the program in the following ways:

²⁴ National Sheriff's Association. (2018). Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field. <https://www.ncchc.org/filebin/Resources/Jail-Based-MAT-PPG-web.pdf>

²⁵ Substance Abuse and Mental Health Services Administration (n.d.). Medication-Assisted Treatment (MAT) in the Criminal Justice System: Brief Guidance to the States. <https://store.samhsa.gov/system/files/pep19-matbriefcjs.pdf>

²⁶ <https://www.ncchc.org/filebin/Resources/Jail-Based-MAT-PPG-web.pdf>

- Offender is incarcerated on an alcohol- or drug-related misdemeanor or felony charge or client is referred for screening prior to sentencing.
- Offender expresses a need for treatment related to alcohol or drug abuse.
- Municipal or Common Pleas Court Judge orders treatment as sentence.
- Probation Department screens client for eligibility requirements.
- Sheriff's Department conducts screening to determine if the offender meets minimum security classification.
- Offender receives medical and psychiatric screening at the Hamilton County Justice Center.

The services offered at Turning Point include, but are not limited to the following:

- Assessment
- Case management
- Individual and group counseling
- Educational groups
- Crisis intervention
- Family involvement
- Self-help support groups
- Re-entry support

The program begins with an initial assessment and orientation period followed by assignment to a small group for treatment. Corrective thinking curriculum, truthought™ is used for exploring substance abuse disorders and pro-social choices. Emphasis is placed on thinking change to address addiction, abstinence, recovery, and legal compliance. At the time of admission, each offender signs a financial agreement specifying program fees. A sliding scale is used based upon income and ranges from \$125.00 to \$795.00 for residential services and \$234.00 for Reentry Support sessions.

Offenders appear before the sentencing judge for hearings. Offenders who successfully complete the program are eligible for a reduction in their sentence resulting in early release to the community with the imposition of probation.

6-Day Driver Intervention Program

The 6-Day Driver Intervention Program is a minimum-security jail environment program designed for first-time male and female DUI offenders with a high blood alcohol content at the time of arrest. Clients receive an initial assessment, alcohol and drug education, counseling, and referrals to other programs and services. The judge must complete the 6-day referral at the time of sentencing and clients must meet the Sheriff Department's security classification. Fees for the program use a sliding scale based upon income and range from \$100 to \$400 with a \$50 registration fee.

10-Day Driver Intervention Program

The 10-Day Driver Intervention Program is a minimum-security jail environment program designed for second-time male and female DUI offenders. Clients receive an initial assessment, alcohol and drug education, counseling, and referrals to other programs and services. The judge must complete the 10-day referral at the time of sentencing and clients must meet the Sheriff Department's minimum-security classification. Fees for the program use a sliding scale based upon income and range from \$125 to \$550 with a \$50 registration fee.

20-Day Driver Intervention Program

The 20-Day Driver Intervention Program is a minimum-security jail environment program designed for second-time male and female DUI offenders. Clients with a high blood alcohol content (BAC) (a blood alcohol content above .169) at the time of arrest and are sentenced to a mandatory 20-day DUI sentence are admitted to the 10-day program. Once they have completed the 20-day program they will continue to receive services and serve their jail time. Clients receive an initial assessment, alcohol and drug education, counseling, and referrals to other programs and services. They also receive chemical dependency education, individualized treatment plan, stress and anger

management, and relapse prevention. Fees for the program use a sliding scale based upon income and range from \$150 to \$600 with a \$50 registration fee.

Each of the 6-, 10-, and 20-day programs run on a 14-day cycle. Cycles begin every other Sunday; at which time all clients report to the program. The 6- and 10-day clients phase out of the cycle, leaving beds empty until the new cycle begins. The 20-day program clients will participate in two (2) cycles, phasing out of the second cycle and leaving empty beds.

2. STAFFING

Table 12 below represents Turning Point staff paid through the FST levy including average compensation, percentage of full-time equivalent (FTE) funded, total amount budgeted, and total amount spent. Currently, there are nine (9) positions filled and funded through the levy. In addition to what is below, there is one Licensed Clinical Service Provider position that is currently vacant. The current Licensed Clinical Provider staff is made up of five (5) full-time and two (2) part-time staff. The single Unlicensed Clinical Service Provider is currently working towards their license, and the Operational Supervisor position is also a Licensed Clinical Service Provider.

Table 12: Turning Point FST Levy Staffing Compensation

Position	Average Compensation	Percentage FTE	Amount Budgeted	Amount Spent
Operational Supervisor	\$46,508	100% of 1 FTE	-	-
Licensed Clinical Service Provider	\$42,722	100% of 6 FTE	-	-
Unlicensed Clinical Service Provider	\$32,926	100% of 1 FTE	-	-
Administrative Specialist	\$30,908	100% of 1 FTE	-	-
TOTAL			\$421,590	\$351,428

According to the BLS, in the Cincinnati, Ohio region, the average salary for a First-Line Supervisor of Office and Administrative Support Workers (Licensed Clinical Service Provider and Unlicensed Clinical Service Provider) is \$64,650. The BLS did not differentiate between a licensed and unlicensed counselor. The average salary for an Administrative Specialist is \$37,390.

3. PROGRAM REVENUE AND EXPENDITURES

Table 13 below represents actual program expenditures from 2014 to 2018.

Table 13: Turning Point Program Actuals 2014 – 2018

Turning Point Program Actuals 2014 - 2018					
	2014	2015	2016	2017	2018
Revenue					
Fees - Co-Pay	\$15,237	\$2,845	\$(600)	\$550	\$-
Juvenile Court	\$8,911	\$4,574	\$-	\$3,725	\$-
Hamilton Co. DUI	\$787,236	\$763,568	\$739,900	\$739,900	\$907,750
Residential 10 Day DUI	\$132,830	\$116,226	\$99,622	\$99,622	\$117,937
Miscellaneous Income	\$75	\$50	\$10	\$-	\$-
Prior Year Revenue Adjustments	\$-	\$1,415	\$-	\$-	\$-
Talbert Foundation Gifts	\$-	\$-	\$1,500	\$-	\$-
Total Revenue	\$944,289	\$888,678	\$840,432	\$843,797	\$1,025,687

Expenses					
Salaries and Benefits	\$477,109	\$425,742	\$484,036	\$439,551	\$403,691
Payroll Taxes	\$34,326	\$30,340	\$35,928	\$31,986	\$28,664
Other Employee Expense	\$4,186	\$8,373	\$5,125	\$3,103	\$3,419
Professional Services	\$13,904	\$13,570	\$13,699	\$10,419	\$13,794
Occupancy ²⁷	\$203,688	\$251,484	\$234,696	\$239,434	\$229,009
Supplies	\$27,600	\$24,673	\$17,920	\$22,927	\$30,665
Equipment	\$18,765	\$25,854	\$17,908	\$34,386	\$25,439
Client Welfare Assistance ²⁸	\$308	\$962	\$328	\$1,416	\$41
Other	\$4,659	\$4,224	\$2,541	\$3,714	\$3,566
Central Services	\$169,972	\$159,962	\$151,278	\$151,883	\$184,624
Total Expenses	\$954,517	\$945,184	\$963,459	\$938,819	\$922,912
Net Income	\$(10,228)	\$(56,506)	\$(123,027)	\$(95,022)	\$102,775

*The Turning Point program incurred a -4 percent average loss over the past five (5) years. 2014 through 2017 averaged an eight (8) percent loss. The increase in funding in 2018 has helped offset the years of losses.

Table 14 below reflects the total amount billed and collected and the number of admissions into the 6-, 10-, and 20-day program. The variation in revenue from these programs can be seen by the fluctuation in the number of admissions, and due to the fees being based on a sliding scale.

Table 14: Turning Point, 6, 10, 20-Day Driver Intervention Program Revenue and Admissions

Turning Point 6-, 10-, and 20-Day Program Revenue and Admissions			
Fiscal Year (July 1 - June 30)	Billed	Collected	Admissions
2014	\$137,220.00	\$73,821.00	355
2015	\$116,404.00	\$53,466.00	298
2016	\$93,258.00	\$58,599.00	186
2017	\$118,872.00	\$56,892.00	243
2018	\$91,304.00	\$58,730.00	186
2019 (thru March)	\$71,600.00	\$31,080.00	152

²⁷ The increase in rent is associated with capital improvements (i.e., asphalt and soffits).

²⁸ Client Welfare Assistance consists of clothing (socks, underwear, t-shirts, thermals) and house shoes. It includes personal items such as soap, shampoo, lotion, deodorant and combs. It may include "client reward items" (given for program participation, prosocial behavior), which are items not included on the jail commissary list. The need for some of these items is relative to the population being served at any time. Variance in this line item is due to the purchases in this line item may be in the program supply line item in the budget.

4. CONTRACT COMPLIANCE

Talbert House is contracted through the Board of County Commissioners of Hamilton County on behalf of the Hamilton County Municipal and Common Pleas Courts to provide the jail-based treatment programming at 1617 Reading Road and Turning Point. One contract is executed for all Talbert House programming for a four (4) year term with specific Exhibits for each program.

Turning Point Reporting Requirements

There are no contractual reporting responsibilities for Turning Point.

Exhibit C: Turning Point Program for Adult Men and Exhibit D: Residential 6/10/20 Day Driver Intervention Program contain program and facility requirements only.

5. COMPARISONS AND BENCHMARKS

Figure 6 represents the Turning Point Residential Treatment clients served from 2014 to 2018 including number of admissions, discharges, successful completions, and percentage of successful completions. Admissions to the program were highest in 2018 and remained steady from 2014 to 2017. Successful completion rates range from 86 percent to 97 percent which suggests overall clients are successful with their treatment plans and program compliance. At the time of this report, the data from 2018 is incomplete, though on track to be the only program with increased enrollment in 2018. Like ADAPT and 1617 Reading Road, Talbert House does not track recidivism rates for this program.

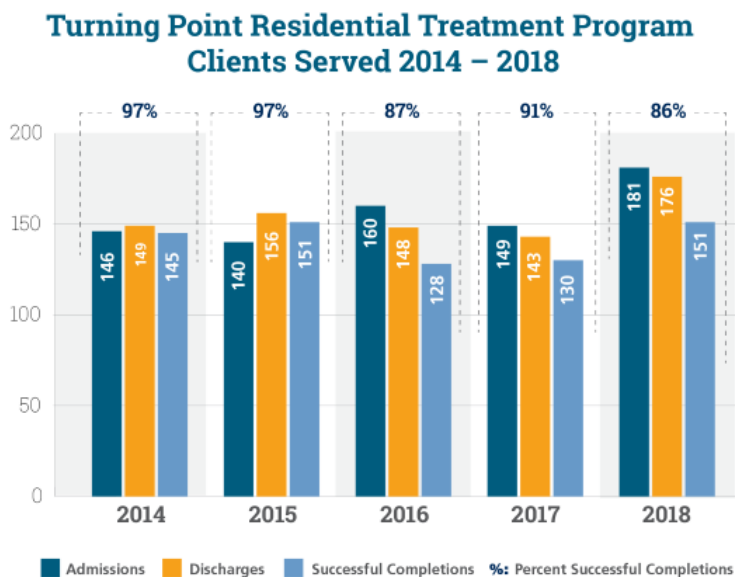


Figure 6: Turning Point Clients: Residential Treatment Program 2014 – 2018

Figure 7 below represents the Turning Point 6-, 10-, 20-Day Driver Intervention Program clients served from 2014 to 2018, including number of admissions, discharges, successful completions, and percentage of successful completions. Admissions to the program were highest in 2014 and have consistently declined through 2018. Successful completion rates range from 98 percent to 100 percent which suggests clients are extremely successful with their treatment plans and with program compliance. At the time of this report, the data from 2018 is incomplete. Similar to ADAPT and 1617 Reading Road, Talbert House does not track recidivism rates for this program.

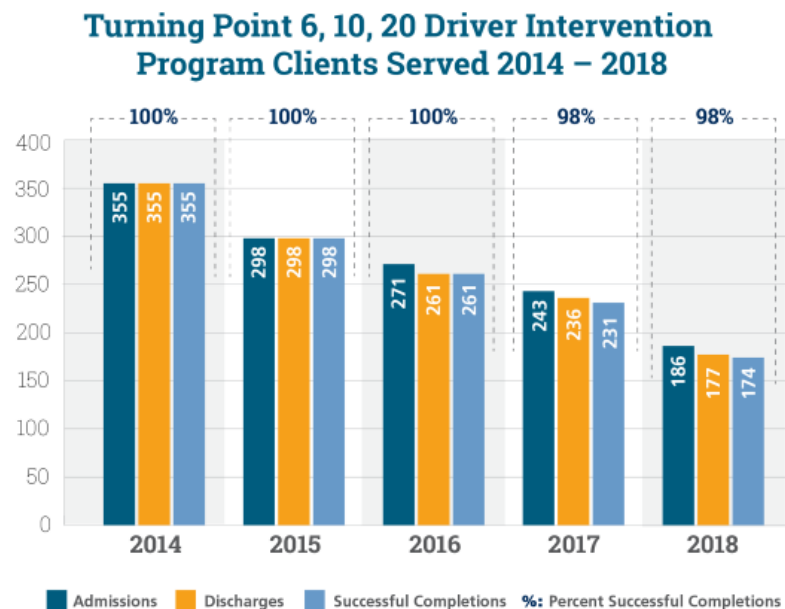


Figure 7: Turning Point Clients: 6-, 10-, 20-Day Driver Intervention Program 2014 – 2018

During the past five (5) years, admissions into the residential treatment program have remained constant or increased; however, the number of admissions into the driver intervention programs have decreased. For instance, a shift in admissions began in 2015 when there was a decrease of high BAC, first time OVI offenders receiving a 6-day mandatory jail sentence at Turning Point. Other factors include, but are not limited to: a shift in law enforcement's focus on OVI offenses, a decrease in the number of OVI arrests, an increase in OVI offenses being reduced to a reckless operations offense, an increase in OVI offenders receiving the maximum sentence (rather becoming a residential client), OVI sentencing being influenced by other substance use issues other than alcohol. In addition, the client may choose to serve their days in the Hamilton County Justice Center, fail to show for the program, or be held at the Hamilton County Justice Center due to mental health or medical reasons.

Comparison Data

Talbot Services: 6 Day Intervention Program

Talbot Services, located in Toledo, Ohio, offers 72-hour and 6-Day Intervention Programs (DIP). The 6-Day DIP is held at one of two hotels. Programming lasts 12 hours per day. In addition to participating in group meetings to discuss victim impact, sober living, addiction, and a remedial driver's program, participants of this program must develop and present a topic of interest specific to one of the topics covered in the DIP.²⁹

Glenwood Jail – DUI Multiple Offender Program (MOP), Akron, Ohio

The DUI Multiple Offender Program (MOP) seeks to reduce jail overcrowding while providing a comprehensive substance use treatment program. Program participants include males and females who have prior DUI convictions and are sentenced to municipal and county jails. The program has the following three components:

- a) Completion of a mandatory jail sentence;
- b) Participation in and completion of a substance abuse treatment program; and

²⁹ Talbot Services. (2019). Frequently Asked Questions. (<https://www.talbotservicesdip.com/resources/faq/>)

- c) Participation in and completion of a 60-day aftercare program.

Services include case monitoring, substance abuse education and prevention, substance abuse treatment, substance abuse aftercare, relapse prevention, crisis intervention counseling, 12-step programs, stress/anger management, recreation programs, and recovery coaches. The MOP ranges from 10 to 180 days.³⁰

D. 1617 Reading Road Security – Hamilton County Sheriff's Office

1. PROGRAM OVERVIEW

The Hamilton County Sheriff's Office provides the correctional officer security staff for the 1617 Reading Road jail-based treatment program operated by Talbert House. Eight (8) correctional officers provide security to the facility and to the inmates.

2. STAFFING

Table 15 below represents 1617 Reading Road security staff paid through the FST levy including average compensation, percentage of full-time equivalent (FTE) funded, amount budgeted, and amount spent for each staff member. This information was provided by Hamilton County through a report of all employees funded through the FST Levy by Organizational Code Account (OCA).

Table 15: 1617 Reading Road Security FST Levy Staffing Compensation

Position	Average Compensation	Percentage FTE	2018 Amount Budgeted	2018 Amount Spent
Correctional Officer	\$54,898	100% of 8 FTE	\$377,561	\$361,218
TOTAL			\$377,561	\$361,218

Per the BLS, the average salary for a Correctional Office in the Cincinnati, Ohio area is \$44,380.

3. PROGRAM REVENUE AND EXPENDITURES

Table 16 below represents expenditures for 1617 Reading Road security staff from 2014 – 2018.

Table 16: 1617 Reading Road Security Staff Expenditures 2014 - 2018

Expenses	2014	2015	2016	2017	2018
Regular Employee Compensation	\$383,664.58	\$368,458.64	\$401,198.61	\$373,522.64	\$361,218.33
Service Allowance	\$8,000	\$8,252	\$8,000	\$8,176	\$7,000
Regular Employee OT	\$43,494.51	\$29,139.59	\$18,279.45	\$35,441.19	\$13,596.30
Regular Employee Holiday	\$19,331.04	\$18,770.47	\$18,790.80	\$18,829.62	\$18,987.89
Reimbursement of Salary	\$0	\$123.39	\$0	\$0	\$0
Retroactive Pay	\$0	\$0	\$0	\$0	\$6,008.08
Vacation Pay	\$0	\$16,552.32	\$579.42	\$282.37	\$0
Sick Pay	\$0	\$36,277.33	\$1,269.92	\$20,146.67	\$0
Comp Time	\$10,769.07	\$0	\$3,625.85	\$2,516.37	\$128.89
Worker's Compensation	\$4,930.51	\$2,332.89	\$4,779.48	\$0	\$0
Mental Health Services	\$0	\$250	\$75	\$200	\$500
Mandatory Medicare	\$4,079.72	\$4,527.56	\$5,786.06	\$6,188.68	\$5,742.24
Public Employees Retirement	\$63,845.18	\$58,291.72	\$65,141.42	\$60,166.15	\$55,991.70

³⁰ Oriana House, Inc. (2014). Programming & Criteria Guide.
<http://www.orianahouse.org/docs/P%20&%20C%20Jan%202018.pdf>

Expenses	2014	2015	2016	2017	2018
Medical Benefits	\$67,280	\$79,372.01	\$78,356.01	\$92,110.00	\$70,511.10
Dental Benefits	\$3,657.34	\$3,332.90	\$3,968.52	\$3,215.55	\$2,238.99
Life Insurance	\$423.24	\$349.48	\$509.73	\$343.24	\$348.64
Employee Assistance Plan	\$124.80	\$123.28	\$132.48	\$98.40	\$97.20
Total	\$609,599.99	\$626,153.58	\$633,930.82	\$626,507.20	\$542,369

E. Reentry Services – Hamilton County Office of Reentry

1. PROGRAM OVERVIEW

It is the mission of Hamilton County Office of Reentry (HCOR) to promote collaborative services for all returning citizens by identifying common barriers, advocating for community resources, and offering a network of support. The role of HCOR is to reduce recidivism in Hamilton County through supporting ex-offenders currently returning to Hamilton County upon release from prison or jail by connecting them to resources in the community for housing, food, health and mental health care, education, and employment. Such resources are necessary to help stabilize an ex-offender as they reenter the community.

In January 2018, Hamilton County was the third largest contributor, following Cuyahoga and Franklin Counties, to the Ohio prison population, with 4,244 committed inmates in Ohio prisons.³¹ Hamilton County inmates, made up 8.57 percent of the Ohio prison population.³² HCOR engages this population through in-reach to state prisons and the local jail. The majority of reentry clients are released from the Hamilton County Justice Center. In-reach includes visiting state prisons with high population of inmates returning to Hamilton County to provide them with information on HCOR for resources and support upon their release. Through the In-Reach program, HCOR visits each of the 12 Ohio State prisons throughout the year to engage and build relationships with offenders prior to release. The overall goal is to encourage inmates to connect with HCOR staff upon release to begin reentry planning. HCOR builds strong relationships with community partners and the Hamilton County Justice Center to connect returning citizens to the appropriate network of support, which is designed to help clients maintain their freedom, thus reducing recidivism.

HCOR provides a variety of reentry programming through their local office. The following is an overview of current projects to assist returning citizens in Hamilton County, specifically with housing and employment, which are two (2) of the major barriers facing returning citizens.

- **Pre-release Planning (Reentry/Exit Pod):** HCOR partnered with the Hamilton County Justice Center in 2017 to create the Reentry/Exit Pod to assist inmates with creating pre-release plans to connect to community resources prior to their release from the Hamilton County Jail. The pod has a capacity to hold 16 men. The program is voluntary, but eligible inmates include those scoring high risk on the Ohio Risk Assessment System (ORAS) with 60-90 days remaining on their sentence.

Once selected, inmates move from the general jail population to the Reentry/Exit Pod to begin programming and working with HCOR on their reentry plans for release. Inmates meet with community partners and gain knowledge of available resources. Programming includes the Cognitive Behavior Intervention Curriculum, developed by the University of Cincinnati, which addresses issues such as criminal thinking and behaviors, conflict resolution, morals, values and behavior modification. The curriculum is facilitated four (4) times per week by HCOR staff. HCOR has recently added a fatherhood/parenting component in partnership with the City of Cincinnati, as well as a faith-based mentoring program in collaboration with the Cincinnati Police Department to acknowledge and address issues that negatively impact personal and generational stability.

³¹Ohio Department of Rehabilitation and Correction. (2018). Bureau of Research. Institutional Census Reports.
<https://drc.ohio.gov/Portals/0/Reentry/Reports/Institution%20Census/INSTITUTION%20CENSUS%20JANUARY%202018.pdf?ver=2018-01-29-091451-483>

³² Ibid

- CMHA - Family Reunification Program: Beginning in 2019, the Family Reunification Program is a partnership between HCOR and the Cincinnati Metropolitan Housing Authority (CMHA) to train and support returning citizens to join the lease of a family member (sponsor) or acquire a rental unit on their own. Eligibility for the program is determined by an assessment measuring the clients' aptitude to adhere to program guidelines. If the sponsor agrees to the program, the sponsor must also complete a 6-week training course on cognitive behavioral training to support the client. The program also offers financial literacy training provided by First Financial Bank.
- Preparing Incarcerated Women for Sustainable Careers: This initiative is a partnership between HCOR, River City Correctional, and Cincinnati State University (CSU) to offer Supply Chain Logistics training in the women's pod at River City Correctional. The nine (9) week curriculum provided by CSU includes 45 hours of supply chain logistics offered every Saturday. The program targets women returning to Hamilton County once released from River City Correctional. The women participating in the program must have at least 180 days to serve on their sentence, which provides them time to complete the training. Once complete, the women receive a certificate in Supply Chain Logistics along with three (3) credit hours from CSU. In spring 2018, all 10 women graduated from the program and six (6) are still working in the community.
- Employment Collaborative: HCOR and the Cincinnati Initiative to Reduce Violence (CIRV) have partnered to provide employment opportunities for returning citizens. One aspect of this program provides employment at a cleaning company which cleans an industrial meat packing plant in Mason, OH. CIRV and HCOR provided transportation to the men for the first 45 days. The first cohort of 25 men are still working at the company and driving on their own; therefore, CIRV is no longer needed for transportation for this group. The program is currently working to start another cohort to begin employment. Another aspect of this collaborative works with the City of Cincinnati creating a pipeline of Municipal workers positions. This work is seasonal in nature, and the city has positions open for eight (8) months through the spring, summer, and fall with three (3) months off through the winter before the positions start again.

At the time of this report, HCOR has been approved for a pilot project that will increase Office of Reentry staffing through the addition of two (2) contract employees to increase reentry planning within the justice system. Reentry will work closely with Pre-Trial Services, Probation and the Sheriff's Office to identify individuals needing re-entry plans and post-release wrap around services to reduce recidivism. The Reentry pilot project will complement the services provided by Pre-Trial and Probation by targeting male and female felony offenders who have been sentenced to the Justice Center and who are not eligible for Talbert House jail-based treatment programs. Funding for the Reentry pilot program will come from the general fund earmark for jail population management and is budgeted for \$117,000.

2. STAFFING

HCOR is budgeted for five (5) staff members. The Director oversees the three (3) Outreach Coordinator positions with support from an Administrative Assistant. Historically, the third Outreach Coordinator position has been a contractual employee, though there has recently been turnover at this position. A new individual will step into the open Outreach Coordinator position as a contractor. Greater Cincinnati Behavioral Health assumed the contract from 3CDC. Initially to fund this position, HCOR received a grant from the city; however, once all the grant funding was used, Hamilton County increased HCOR's budget to retain the position. HCOR anticipates adding one (1) additional coordinator position funded by the County. This will increase HCOR's staff to six (6) employees, consisting of one (1) director, one (1) administrative assistant, and four (4) coordinators.

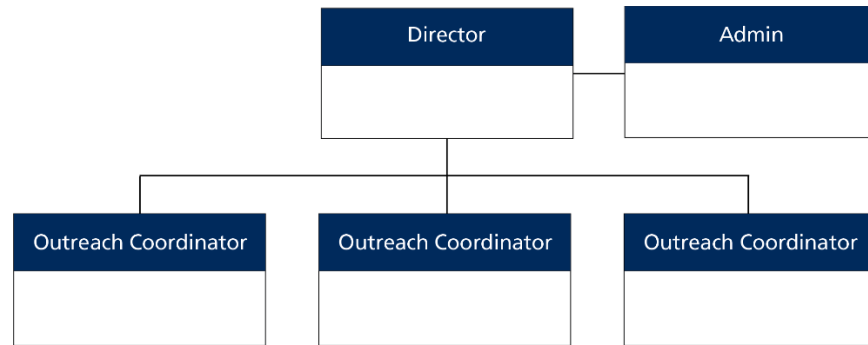


Figure 8: HCOR Organizational Chart

The HCOR staff divide their time between the different programs run through the office. The director is budgeted specifically to spend at least ten percent each of her time on the Exit Pod, the Supply Chain Logistics Program, and the CMHA Program. The Outreach Coordinators also split their time amongst programs, though certain of those positions focus on a given program more than another. One Outreach Coordinator is budgeted to spend 60 percent of their time on the Exit Pod, 30 percent of their time on the Supply Chain Logistics Program, and ten percent of their time on the In-Reach Program. The second Outreach Coordinator's time is budgeted with 30 percent allocated to the Exit Pod, 20 percent to the CMHA Program, 20 percent to the Employment Collaborative, and ten percent to the In-Reach Program. The third Outreach Coordinator's time is allocated with 30 percent to the Exit Pod and 30 percent to the In-Reach Program, with the remaining 40 percent allocated wherever it is most needed.

Table 17 below represents HCOR staff paid through the FST levy including average compensation, percentage of full-time equivalent (FTE) funded, amount spent in total on staffing compensation (the amount spent at individual positions was not available). Currently, there are four positions filled and funded through the levy. In addition to what is below, at the time of writing, HCOR was in the process of hiring another Outreach Coordinator to bring their total Outreach Coordinator FTEs up to three. All three Outreach Coordinators are full-time.

Table 17: Hamilton County Office of Reentry FST Levy Staffing Compensation

Position	Average Compensation	Percentage FTE	Amount Spent
Director	\$71,000	100% of 1 FTE	-
Outreach Coordinator	\$41,000	100% of 2 FTE	-
Administrative Assistant	\$35,000	100% of 1 FTE	-
TOTAL			\$160,763.14

According to the BLS, the average salary for a Coordinator (Outreach Coordinator) in the Cincinnati area is \$71,450. The average salary for an Administrative Specialist is \$37,390.

3. PROGRAM REVENUE AND EXPENDITURES

Table 18 below represents actual program expenditures from 2015 – 2018.

Table 18: Hamilton County Office of Reentry Program Actuals 2015 – 2018

HCOR Program Actuals 2015 - 2018				
	2015	2016	2017	2018
Revenue				
Appropriated Budget	\$253,472	\$352,075	\$356,687	\$379,196
Events – First Financial Bank, Beacon of Hope, University of Cincinnati School of Criminal	\$-	\$-	\$4,000	\$3,500

Justice, Lawn Life, Talbert House Butler County, Buckeye Health VOA				
Supply Chain Logistics	\$-	\$-	\$-	\$5,000
Expenses				
Appropriated Budget	\$253,472	\$352,075	\$356,687	\$379,196
<i>Employee Expenses</i>				
Regular Employee Compensation	\$114,310	\$27,230*	\$174,646	\$160,763
Regular Employee Holiday	\$-	\$-	\$-	\$2,307
Vacation Pay	\$193	\$8,050	\$-	\$204
Bonus	\$-	\$-	\$5,500	\$-
Worker's Compensation	\$1,066	\$1,758	\$-	\$-
Mandatory Medicare	\$1,574	\$1,575	\$2,507	\$2,285
Public Employees Retirement System	\$15,930	\$14,604	\$24,450	\$22,830
Medical Benefits	\$43,685	\$45,579	\$22,900	\$47,007
Dental Benefits	\$794	\$513	\$1,278	\$913
Life Insurance	\$121	\$130	\$161	\$160
Employee Assistance Plan	\$32	\$40	\$54	\$49
<i>Subtotal</i>	<i>\$177,704</i>	<i>\$99,479</i>	<i>\$231,496</i>	<i>\$236,518</i>
Office Supplies	\$332	\$1,023	\$2,629	\$3,842
Travel Reimbursement Regular Employee	\$-	\$2,777	\$2,076	\$366
Transportation Charges	\$-	\$-	\$790	\$1,752
Telephone Service	\$1,876	\$-	\$714	\$780
Other Travel	\$130	\$-	\$731	\$758
Printing & Publishing	\$5,193	\$251	\$4,159	\$3,504
Maintenance Agreements	\$70	\$91	\$929	\$1,064
Contractual Services	\$600	\$70,818	\$55,193	\$43,804
Other Payments (Not on Chart)	\$2,667	\$853	\$2,975	\$3,630
Small Office Equip & Computers under \$5k	\$-	\$400	\$60	\$3,722
Food Service Contracts	\$-	\$-	\$5,131	\$1,477
Food Supplies	\$-	\$114	\$-	\$-
Room Rentals	\$-	\$-	\$-	\$-
Computer Software	\$-	\$141	\$-	\$-
Other Rent	\$-	\$-	\$675	\$2,431
Messenger	\$-	\$-	\$85	\$-
Advertising	\$-	\$-	\$6,095	\$1,314
Refunds	\$-	\$-	\$132	\$-
Educational Involvement	\$-	\$-	\$-	\$402
Water Service	\$-	\$-	\$-	\$460
Training Services	\$-	\$-	\$-	\$4,457
<i>Subtotal</i>	<i>\$10,868</i>	<i>\$76,468</i>	<i>\$82,373</i>	<i>\$73,763</i>
Total	\$188,571	\$175,947	\$313,869	\$310,281

**The previous director resigned in 2016.*

4. COMPARISONS AND BENCHMARKS

HCOR served a total of 795 clients in 2018, 58 percent (N=461) of whom were new intakes. Total clients were highest in 2015 with 900 served but has remained steady over the past couple of years averaging 800 clients from 2016 – 2018.

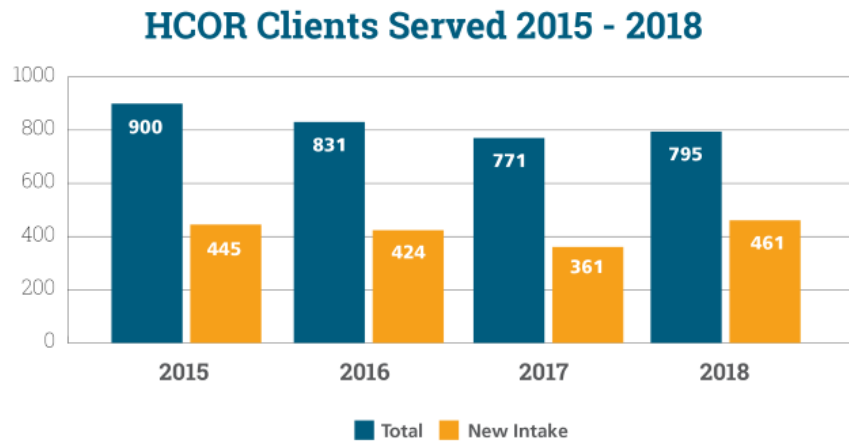


Figure 9: HCOR Clients Served 2015 – 2018

The vast majority of HCOR clients served are released from the Hamilton County Justice Center. In 2018, approximately 183 HCOR clients visited the HCOR office upon release from a state, local or federal correctional facility. Of those 183 clients, 69 percent (N=127) were released from the Hamilton County Justice Center, 12 percent (N=22) were released from other facilities such as River City Correctional Center, 8 percent (N=14) from federal prisons and 11 percent (N=20) were released from state prisons.

In 2018, 68 percent (N=312) of the new clients were African American, 30 percent (N=140) were White, and only two (2) percent (N=7) classified as another race. Additionally, of the new clients in 2018, 81 percent were men. Therefore, the data shows the typical client for HCOR is an African American male. It is important to note that Caucasian males are the majority of inmates at the Hamilton County Justice Center; therefore, either the Caucasian male inmates are not seeking support from HCOR, or the high African American population is due to reentry from the Ohio state prison system or other state prison systems.

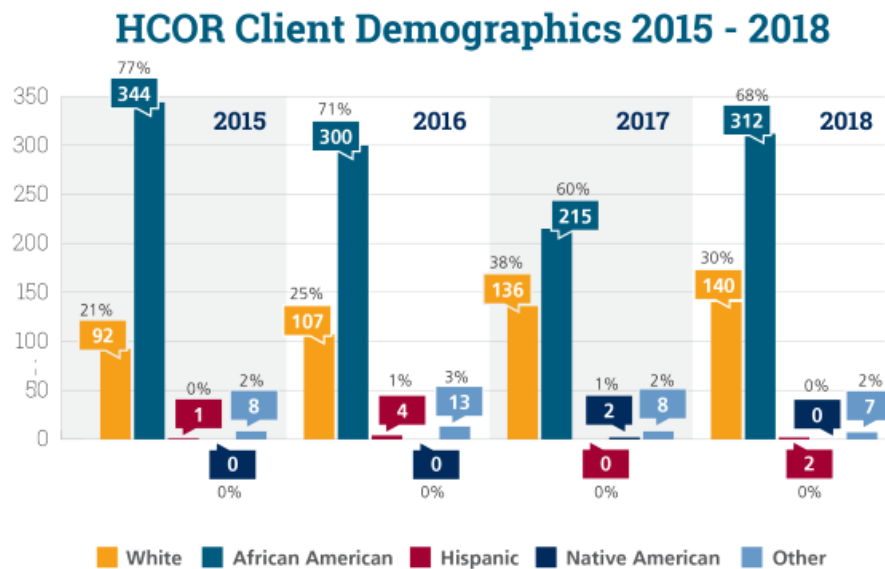


Figure 10: HCOR Client Demographics 2015 – 2018

Pre-Release Planning (Reentry/EXIT Pod): Over the course of two (2) years, the Reentry/Exit Pod has served 82 men with a recidivism rate of 14 percent. Recidivism is defined by HCOR as the conviction of a new crime within 12 months of release from the Reentry/Exit Pod. Fifty-seven (57) percent of the men are African American and 43 percent of men are Caucasian/Other. As of the writing of this document, of the 82 men who have been served by the Reentry/Exit Pod, 80 percent have achieved self-sufficiency, meaning that the released offender has stable housing, is receiving health care or substance abuse treatment, is seeking or maintaining employment, and accesses transportation when needed.

Table 19: Reentry/Exit Pod Statistics

Reentry/Exit Pod	Clients Statistics
Number of Clients Served	82
Number of Clients Released for 12 months	77
Number of Clients Convicted of New Crime within 12 months	11
Rate of Recidivism for Clients Released after 12 months	14%

CMHA - Family Reunification Program: This program is new as of 2019, and thus, not much data has been collected. As of the writing of this document, there were four (4) clients eligible to become a sponsored guest of a CMHA resident.

Preparing Incarcerated Women for Sustainable Careers: While this initiative is relatively new the second cohort of women recently completed the certificate program. To date, 21 women have now earned a certificate in supply chain logistics while incarcerated at River City Correctional. Regarding recidivism, 50 percent of the women from the first cohort are fully employed since completing the program.

Employment Collaborative: The pipeline of Municipal jobs is another new program, and as of the writing of this document, a total of seven (7) clients have been hired for Municipal worker positions with the City of Cincinnati. The meat packing cleaning initiative has seen 25 men employed for at least 90 days, with eight (8) men currently employed and only one (1) recidivate within four (4) months.

Comparison Data

Auglaize County Transition (ACT) Program

The Auglaize County Correctional Center (ACCC), located in rural western Ohio, is a 72-bed facility that houses felony and misdemeanor pre-trial, pre-sentenced, and sentenced inmates for up to 18 months. Approximately 200 of the 1200 inmates participate in the Auglaize County Transition (ACT) Program, which is an offender reentry program that addresses the issues jail inmates face once released. Enacted in 2004, ACT provides a comprehensive approach to addressing inmate problems, including medical and mental health issues to substance use addiction. The ACT Program uses a team comprised of management, security, mental health and chemical dependency counselors, and Ohio Department of Job and Family Services to create Reentry Accountability Plans that assist offenders during and after their incarceration based on their individual needs. ACT connects offenders and community resources that are important to a successful reentry, such as employment placement, drug and alcohol treatment, mental health counseling, and educational support. Case managers serve as advocates for the individual and are responsible for evaluating participant progress. The ACT Program is measured by recidivism rates as well as participants successfully meeting the conditions of their Reentry Accountability Plan.³³

A study to determine the effectiveness of the ACT program in reducing recidivism one year following release. The sample for this study comprised of 73 ACT Program participants (experimental group) and 72 similar offenders (control group) It was found that the ACT program significantly affected the likelihood of re-arrest, with recidivism rates of 12.3 percent for those participating in the ACT Program compared to nearly 82 percent for those who did not complete the program. Although it cannot be specifically determined what reduced the likelihood of re-arrests, it is assumed that the holistic approach and wraparound services during aftercare enhanced the inmates' transitions.³⁴

F. Veterans Treatment Court – Hamilton County Municipal and Common Pleas Court, Department of Pretrial and Community Intervention Services

1. PROGRAM OVERVIEW

The Municipal and Common Pleas Veterans Treatment Court programs (VTC) are judge-supervised treatment programs whose goal is to help veterans address the issues that led to contact with the criminal justice system. The programs are voluntary and include regular court appearances before the VTC Judge. Along with the VTC Judge, the programs are supported by a team of professionals, including, but not limited to, the following: Program Director for Specialty Dockets, Probation, Prosecutor, Public Defender, Veterans Justice Outreach Specialist, The Vet Center, and the Veterans Service Commission. The programs consist of one docket in each Court with a maximum capacity of 30 participants for each program. Upon successful completion and graduation from the programs, the participant's legal case shall be disposed (dismissed if Intervention in Lieu / Probation terminated).

Both programs are similar in function and operations and follow evidence-based problem-solving court principles defined by the National Association of Drug Court Professionals (NADCP) and the National Drug Court Institute (NDCI). The main difference between the two programs are the eligibility criteria and phases detailed below.

Municipal Veterans Treatment Court

³³ Holly Ventura Miller & J. Mitchell Miller (2010) Community In-Reach Through Jail Reentry: Findings from a Quasi-Experimental Design, *Justice Quarterly*, 27:6,893-910, DOI: 10.1080/07418825.2010.482537

³⁴ Ibid.

The target population for the Municipal VTC is non-violent, misdemeanor veteran offenders that would benefit from intensive treatment and close supervision of the Court. The program operates in three (3) phases: Orientation and Compliance, Stabilization, and Community Reintegration and Maintenance.

Legal Eligibility:

- All misdemeanor charges shall be reviewed by the Prosecutor, Judge, and Admission Team for eligibility.
- A case may be accepted at multiple points of case processing including: Pre-Plea, Post-Conviction, or Violation of Probation.
- Participants are required to plead guilty as charged.
- Participants, if eligible, may complete the program as an Intervention In Lieu of Conviction (diversion, final decision rests with the Prosecutor). If the participant is not eligible for ILC, they shall complete the program on a standard community control.
- No history of serious or repetitive violence (reviewed by VTC Prosecutor and VTC)
- Exclusions: Not Guilty by Reason of Insanity (NGRI), Incompetent to Stand Trial, any history of sex offenses, offenses involving the use or threatened use of weapons (significant history of weapon offenses), persistent offending displaying extreme criminal thinking.
- Participants must be a United States Veteran.

Clinical Eligibility:

- Preference is given to individuals with a demonstrated trauma-related injury such as Post-Traumatic Stress Disorder (PTSD) or Traumatic Brain Injury (TBI).
- Must have a clinical need for intensive treatment related to substance use, mental health related disorder, and/or trauma-related injury (PTSD, TBI, etc.).
- Must have cognitive ability to understand and voluntarily participate in VTC.

Phases and Graduation

- *Phase 1: Orientation and Compliance* – During Orientation and Compliance, participants are assigned a Probation Officer and an overview of the program. An assessment is completed by the treatment team and progress is closely monitored by the treatment team and reported to the VTC Judge.
- *Phase 2: Stabilization Phase* – Participants are required to engage in intensive treatment via the individual treatment plan. During this phase, participants have regular and consistent contact with the Court by attending all scheduled status review hearings. This is also the most intensive contact phase for a participant's probation officer and treatment provider.
- *Phase 3: Community Reintegration and Maintenance Phase* – This phase addresses ongoing recovery needs, including maintaining abstinence from drugs, and is designed to support return to the community. Based on the participant's progress, required appearances at status review hearings may be reduced. An emphasis on stable housing, ongoing relapse prevention, and vocational goals is stressed.
- *Graduation* – Participants must successfully complete the three (3) phases and be in the program for the requisite minimum period to be eligible for graduation. Any exceptions to the requirements must be approved by the VTC Judge in consultation with the treatment team. At the end of Phase 3, participants complete a continuing care or stabilization plan to maintain sobriety and comply with behavioral and/or mental health regimen after graduation. The plan must be approved by the Veterans' Treatment Court Judge prior to the participant advancing to graduation.

Common Pleas Veterans Treatment Court (VTC)

The target population for the Common Pleas VTC are non-violent, felony veteran offenders who would benefit from intensive treatment and close supervision of the Court. The program operates in four (4) phases: Orientation and Compliance, Stabilization, Community Reintegration, and Maintenance/Growth and Development.

Legal Eligibility:

- Felony 3, 4, 5 level offense with prosecutorial and victim consent are preliminarily eligible (the court may not consider F2 or F1 charges).
- A case may be accepted at multiple points of case processing including: Pre-Plea, Post-Conviction, or Violation of Probation.
- Participants are required to plead guilty as charged.
- Participants, if eligible, may complete the program as an Intervention In lieu of Conviction. If the participant is not eligible for Intervention In lieu of Conviction, they shall complete the program on a standard community control.
- No history of serious or repetitive violence (reviewed by VTC Prosecutor and VTC Team)
- Exclusions: Not Guilty by Reason of Insanity (NGRI), Incompetent to Stand Trial, any history of sex offenses, offenses involving the use or threatened use of weapons (significant history of weapon offenses), persistent offending displaying extreme criminal thinking.
- Participants must be a United States Veteran.

Clinical Eligibility:

- Preference is given to individuals with a demonstrated trauma-related injury such as PTSD or TBI.
- Must have a clinical need for intensive treatment related to substance use, mental health related disorder, and/or trauma-related injury (PTSD, TBI, etc.).
- Must have cognitive ability to understand and voluntarily participate in Veterans' Treatment Court Docket.

Phases and Graduation

- *Phase 1: Orientation and Compliance* – During Orientation and Compliance, participants are assigned a Probation Officer and an overview of the program. An assessment is completed by the treatment team and progress is closely monitored by the treatment team and reported to the VTC Judge.
- *Phase 2: Stabilization* – Participants are required to engage in intensive treatment via the individual treatment plan. During this phase, participants have regular and consistent contact with the Court by attending all scheduled status review hearings. This is also the most intensive contact phase for a participant's probation officer and treatment provider.
- *Phase 3: Community Reintegration* – This phase addresses ongoing recovery needs including maintaining abstinence from drugs and is designed to support return to the community. Based on the participant's progress, required appearances at status review hearings may be reduced. An emphasis on stable housing, ongoing relapse prevention, and vocational goals is stressed.
- *Phase 4: Maintenance/Growth and Development* – This phase is focused on the participant continuing the structure and discipline developed in earlier phases and developing self-sufficiency. By the time the participant moves to this phase, he or she has successfully adhered to the treatment requirements and all other requirements of the program.
- *Graduation* – Participants must successfully complete the four (4) phases and be in the program for the requisite minimum period of time to be eligible for graduation. Any exceptions to the requirements must be approved by the VTC Judge in consultation with the treatment team. At the end of Phase 3, participants complete a continuing care or stabilization plan to maintain sobriety and comply with behavioral and/or mental health regimen after graduation. In Phase 4, the participants will demonstrate compliance with the

plan and readiness for graduation. The plan must be approved by the Veterans' Treatment Court Judge prior to the participant advancing to graduation.

2. STAFFING

The FST levy funds salaries of three (3) FTEs supporting both the Municipal and Common Pleas VTC programs. Table 20 below represents the positions funded by the FST levy, the average compensation, percentage FTE, amount budgeted, and amount spent for each staff position.

Table 20: Veterans Treatment Court FST Levy Staffing Compensation

Position	Average Compensation	Percentage FTE	2018 Amount Budgeted	2018 Amount Spent
VTC Program Coordinator	\$90,000	100% of 1 FTE	\$80,000	\$90,000
Pre-Trial Liaison	\$38,050	100% of 1 FTE	\$38,050	\$47,629
TOTAL			\$118,050	\$137,629

Per the BLS, the average salary for a Social and Community Service Manager (VTC Program Coordinator) is \$71,450. The average salary for a Pre-trial Caseworker (Pre-Trial Liaison) is \$39,800.

3. PROGRAM REVENUE AND EXPENDITURES

The Veterans Treatment Court is allocated \$168,690 in FST levy revenue annually from 2015 – 2019. However, program expenditures ranged from a low of \$86,735 in 2017 to a high of \$137,524 in 2018. The program utilizes the majority of FST levy funding for staff listed above in Table 20. Any additional revenue is utilized for program participant expenditures, such as bus vouchers and other forms of transportation.

4. COMPARISONS AND BENCHMARKS

From October 1, 2013 through December 31, 2018, there have been 600 referrals to the Common Pleas and Municipal Court Veterans Treatment Courts with 190 veterans admitted to the program. During this time, there have been 119 successful graduates and only 31 unsuccessful or neutral discharges from the program. The most common client is a Caucasian male aged 26-35, as female clients only consist of 7% of the population. Some notable outcomes include the following:

Saved/Diverted Prison Time

- Common Pleas Court graduates have saved/diverted approximately 80 years of prison time.
- Municipal Court graduates have saved/diverted 30 years of jail time.

Recidivism

VTC defines recidivism as a conviction of a new charge that carries the possibility of jail/prison time. The Program Director for Hamilton County Specialized Dockets completes a criminal history check on all graduates from each VTC program every six (6) months through the Law Enforcement Automated Data System (LEAD). The first graduating class was in 2013; therefore, recidivism is tracked for this program for five (5) years. LEAD is the state repository for all data entered by law enforcement agencies in Ohio. The application also

VTC Recidivism

Common Pleas Court recidivism rate is 14 percent and Municipal Court recidivism rate is 9 percent.

provides access to the National Crime Information Center (NCIC), the Ohio Bureau of Criminal Identification and Investigation (BCI&I), and the Interstate Identification Index (III).³⁵

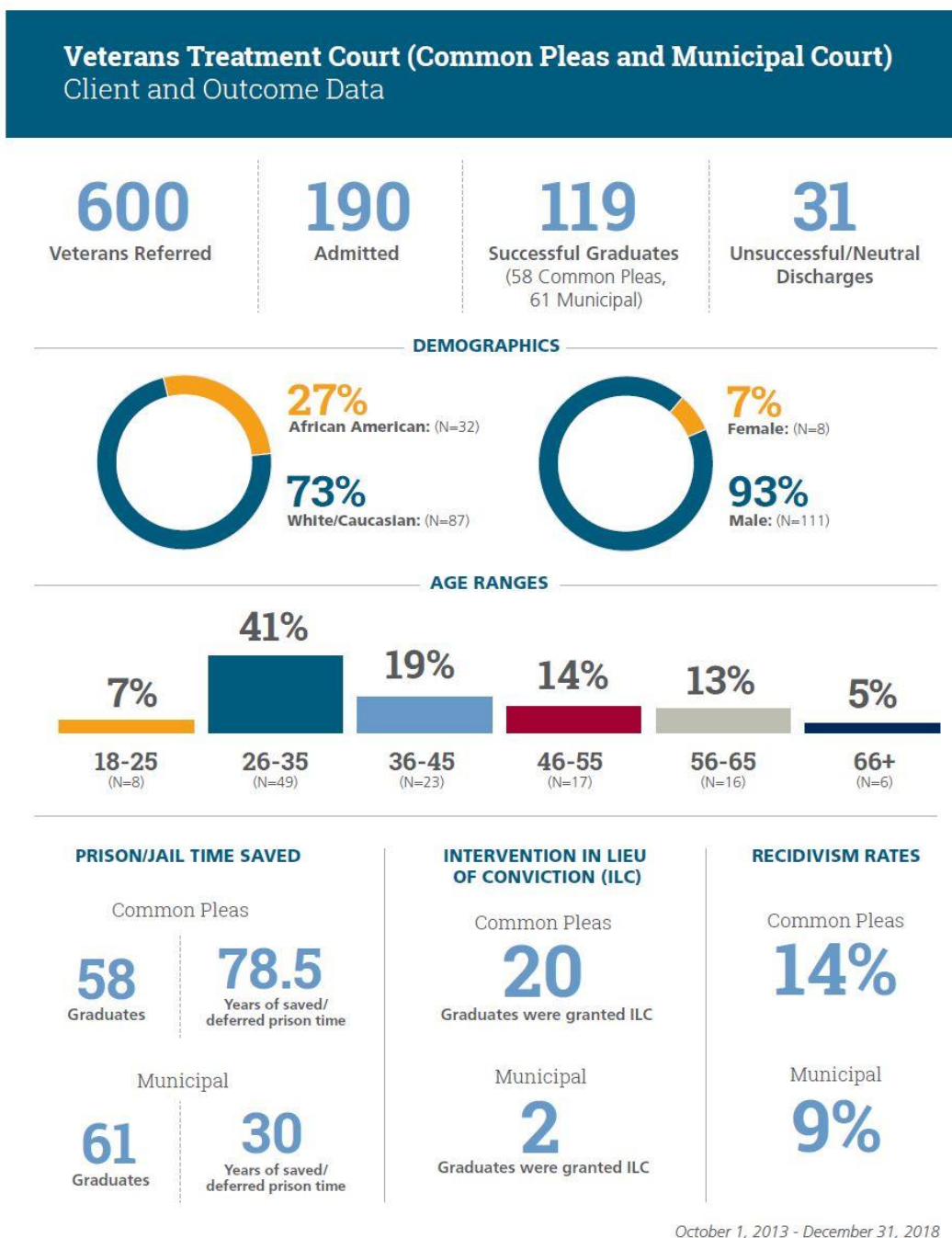


Figure 11: Veterans Treatment Court Data

Comparison Data

³⁵ Ohio State Highway Patrol. (2019). <https://www.statepatrol.ohio.gov/about-strategicservices.aspx>

There have been few studies on the outcomes of VTCs. One study analyzed national data on 7,931 veterans in the Veterans Affairs (VA) Veterans Justice Outreach program across 115 VA sites who entered a VTC between 2011 and 2015, specifically examining housing, employment, income, and criminal justice outcomes for VTC participants. The analysis showed that VTC participants spent an average of nearly one (1) year in the program and 14 percent experienced a new incarceration. Participants with property offenses or probation/parole violations and those with substance use disorders were more likely to experience a new incarceration.³⁶

Ohio recidivism rates are lower than the national average. According to the Bureau of Justice Statistics, for those inmates released in 2005, five (5) in six (6) state prisoners released were arrested at least once during the nine (9) years following their release. Approximately 44 percent were arrested within one year of their release, and approximately 34 percent were arrested during their third year of release.³⁷ The overall recidivism rate for inmates released from an Ohio prison in 2013 was 30.73 percent.³⁸

G. Sheriff's Mental Health Services – Hamilton County Sheriff's Office

1. PROGRAM OVERVIEW

The Hamilton County Sheriff's Office utilizes FST levy funding to provide ancillary mental health services and supports to inmates in the Hamilton County Justice Center.

2. PROGRAM REVENUE AND EXPENDITURES

From 2014 – 2018, the program spent only \$1,025 in FST Levy funds. In 2017 and 2018, the Sheriff's Office paid for an organizational membership to NAMI Ohio for \$200 each. In 2018, the Sheriff's Office paid for 10 guests to attend the 2018 MHR SB Annual Meeting and Awards Presentation. In 2019, the Sheriff's Office has expended more funding than in all previous years on specific mental health related items for inmates, including a safety restraint chair and stackable bunks specifically for inmates with mental health related issues.

H. Sheriff's Treatment Administration – Hamilton County Sheriff's Office

1. PROGRAM OVERVIEW

The Hamilton County Sheriff's Office is comprised of five (5) divisions: Administration, Court Services, Enforcement, Jail Services, and Support Services. The Jail Services division is responsible for the operation of all adult detention facilities in Hamilton County under the jurisdiction of the Sheriff's Office, including offenders housed in the Hamilton County Justice Center and inmates housed at 1617 Reading Road and Turning Point locations.

The Hamilton County Sheriff's Office utilizes FST levy funding for three (3) support positions within the Jail Services division located at the Hamilton County Justice Center; *Classification Specialist, Data Entry Operator, Office Supervisor*. The main responsibilities of the support positions are to handle all the paperwork, data collection and entry, and scheduling required to place offenders into the two (2) Talbert House locations (1617 Reading Road and

³⁶ Tsai, J., Finlay, A., Flatley, B., Kaspro, W., & Clark, S. (2018). A National Study of Veterans Treatment Court Participants: Who Benefits and Who Recidivates. *Administration and Policy in Mental Health*, 45(2), 236-244.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5776060/pdf/nihms929803.pdf>.

³⁷ Bureau of Justice Statistics. (2018). *2018 Update on Prisoner Recidivism: A 9-Year Follow-Up Period (2005-2014)*. (NCJ 250975). <https://www.bjs.gov/content/pub/pdf/18upr9yfup0514.pdf>

³⁸ Ohio Bureau of Research and Evaluation (2018). *Recidivism Update – 2017*.

<https://drc.ohio.gov/Portals/0/Recidivism%20Report%202017.pdf>

Turning Point) for treatment services. These positions handle detailed paperwork for signing individuals up for the treatment plans, following them through the program, making changes if there are issues with the individual in treatment, contacting judges when the individual isn't qualified for the specific pod based on their security classification, and completing the paperwork once they finish treatment.

The three (3) support positions work closely with Pretrial Services and Community Integration staff and Adult Probation officers to communicate discharge dates, arrange supervision and coordinate any other alternatives to 1617 Reading Road and/or Turning Point programs. These staff also coordinate with the Municipal and Common Pleas courts regarding program eligibility.

Within the Hamilton County Justice Center there are three (3) specialty pods separate from the general population.

Veterans Pod

The Veterans Pod began in early 2014 and is a special unit designed specifically for veteran male inmates. The unit is voluntary and currently houses 16 inmates, but the overall program serves an average of 50 inmates daily. The veteran inmates receive support and post-incarceration placement from various agencies such as the Veterans Administration, Alcoholics Anonymous, Narcotics Anonymous, American Legion, Shelter House, etc.³⁹

Recovery Pod

The Recovery Pod began in September 2016 and is a special unit designed specifically for female inmates with opiate addiction and other substance abuse issues. The unit is voluntary with a capacity of 16 beds. The Jail Services Division has partnered with several organizations throughout the county to provide opiate addiction support and education to this population.⁴⁰

Reentry/Exit Pod

The Reentry/Exit Pod began in 2017 to help transition inmates back into society. The unit is voluntary and is designed specifically for male inmates with a capacity of 16 beds. Inmates targeted for the unit include those scoring mid to high on the ORAS with 60-90 days remaining on their sentence. This time frame allows the inmates time to complete the program, which consists of four (4) days a week of cognitive behavioral training delivered by HCOR. HCOR staff also complete reentry plans with each inmate to assist with their transition process.

Hamilton County Justice Center Inmate Data – 1617 Reading Road and Turning Point

PCG received inmate demographic data from 2014 – 2018 by gender, race, age and security level for male and female inmates housed at 1617 Reading Road and Turning Point locations. The following charts and graphs represent those inmates. The Hamilton County Sheriff's Office is not able to produce data on the overall general jail population by these same variables.

Female Inmate Data – 1617 Reading Road

Figure 12 below represents the female inmates by age group. Consistently, females age 26-35 represent the majority of the population (49 percent) served at 1617 Reading Road, followed by 36-45 at 27 percent of the overall population. The total female population has fluctuated from a low of 241 in 2014 to a high of 354 in 2017. However, the population dropped from 2017 – 2019.

³⁹ Hamilton County Sheriff's Office. Jail Services. (2019). <https://www.hcso.org/jail-services/>

⁴⁰ Ibid.

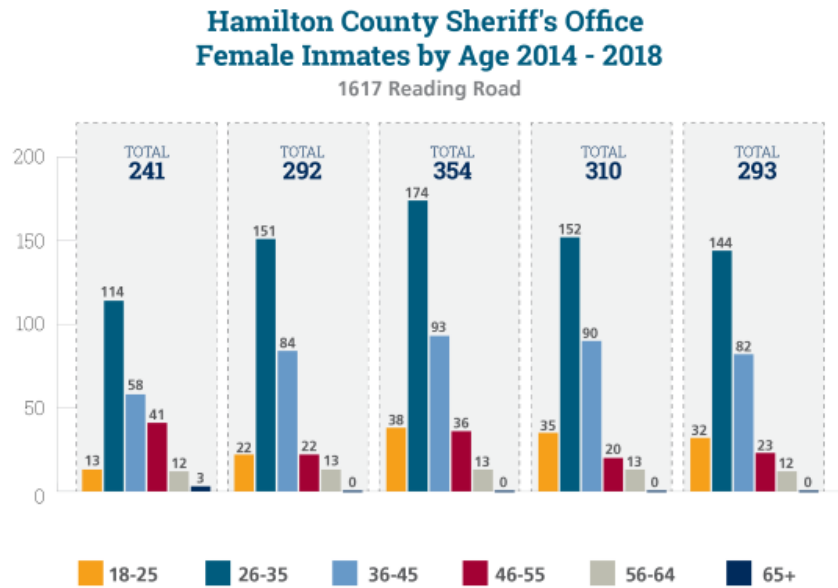


Figure 12: Female Inmates by Age Group 2014 – 2018

Figure 13 below represents the 1617 Reading Road female population by race. Caucasian inmates represent 83 percent of the female inmate population, whereas African Americans represent 16 percent. A small percent is classified as Unknown.

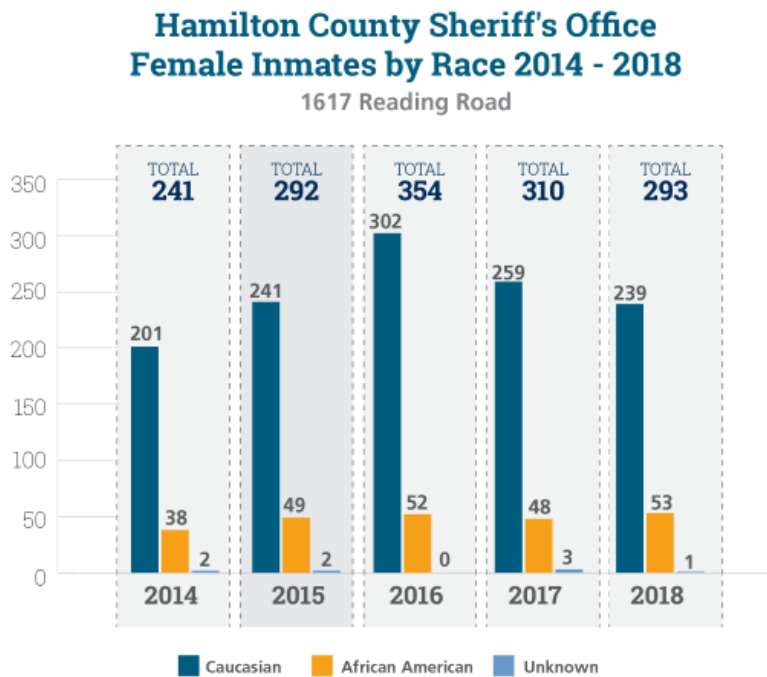


Figure 13: Female Inmates by Race 2014 - 2018

Figure 14 below represents the 1617 Reading Road female population by security level. The majority of female inmates are classified as minimum-security level at intake, representing 71 percent of the population, followed by medium-security level at 25 percent and maximum-security level at 4 percent. This data indicates the Hamilton

County Justice Center can plan for future years for the majority of female inmates to be classified as minimum security.

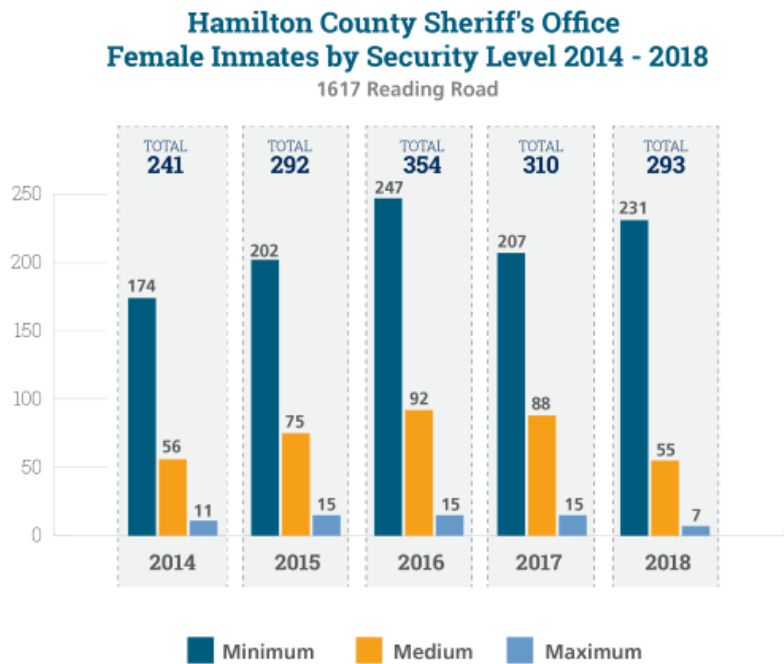


Figure 14: Female Inmates by Security Level 2014 – 2018

Male Inmate Data – 1617 Reading Road and Turning Point

Figure 15 below represents the male population at 1617 Reading Road and Turning Point by age group. As with females, males age 26-35 represent most of the inmate population at 40 percent of the population, followed by 36-45 at 27 percent of the population. The total male population has fluctuated from a low of 521 in 2014 to a high of 611 in 2017.

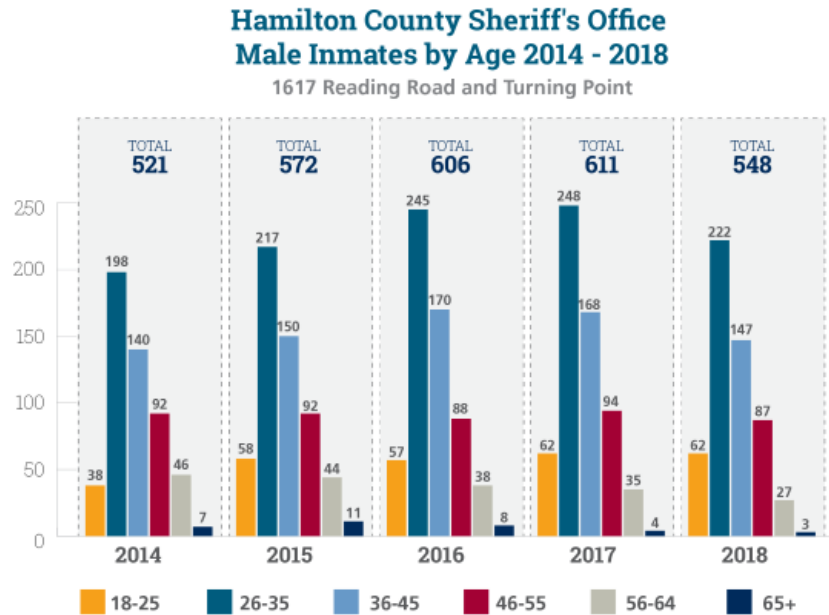


Figure 15: Male Inmates by Age 2014 – 2018

Figure 16 below represents the male population by race. Caucasian inmates represent 70 percent of the male inmate population at 1617 Reading Road and Turning Point, whereas African Americans represent 29 percent. Only 1 percent is classified as Unknown. The percentage of African American males are significantly higher than the percentage of African American females housed in the Justice Center at 70 percent and 16 percent of the total population, respectively.

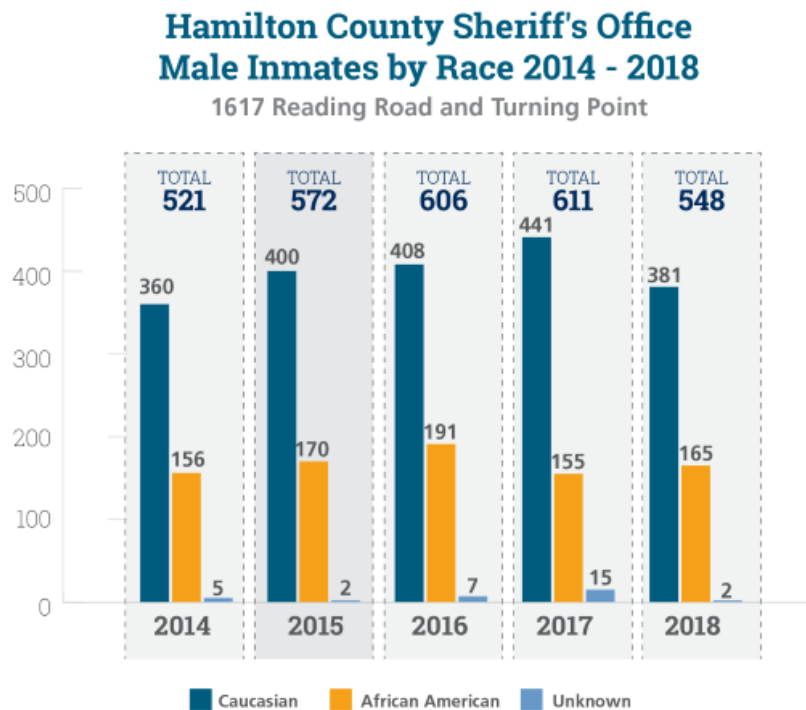


Figure 16: Male Inmates by Race 2014 – 2018

Figure 17 below represents the 1617 Reading Road and Turning Point male population by security level. The majority of male inmates are classified as minimum-security level at intake, representing 68 percent of the population, followed by medium-security level at 25 percent and maximum-security level at 7 percent. Security classifications mirror the female population as well with only slightly higher maximum-security level male inmates.

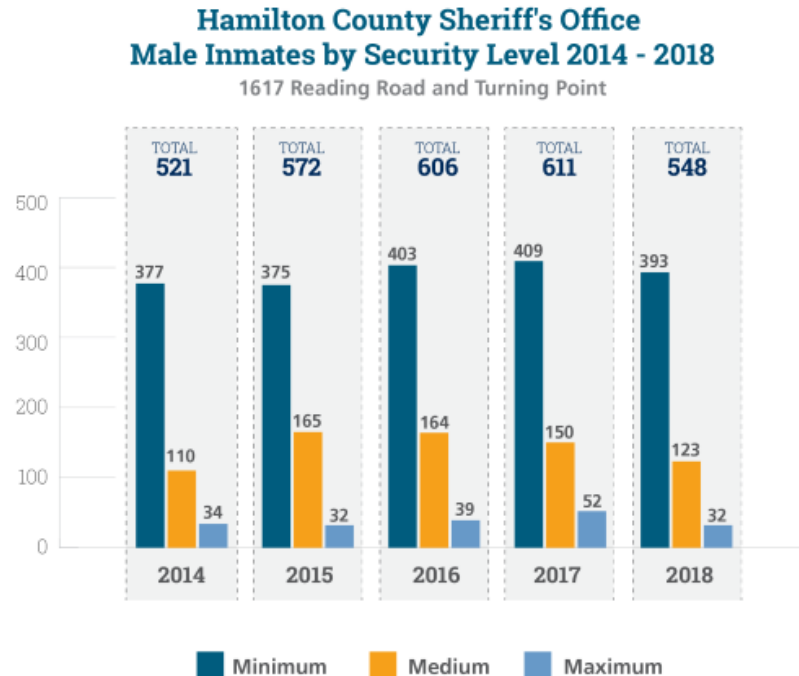


Figure 17: Male Inmates by Security Level 2014 – 2018

2. STAFFING

There are three (3) support positions that manage the administrative responsibilities of all of the individuals in the Talbert House programming at 1617 Reading Road and Turning Point. These staff coordinate scheduling and pre-trial time frames, population management. These support staff also sign individuals up for treatment plans, follow them through the program, make changes if there are issues with the individual in treatment, contact judges when the individual is not qualified for the specific pod based on their security classification, and complete the necessary paperwork once treatment programming is complete.

Table 21 below represents Sheriff's Office administrative staff paid through the FST levy including average compensation, percentage of full-time equivalent (FTE) funded, and amount spent for each staff member. This information was provided by Hamilton County through a report of all employees funded through the FST levy by Organizational Code Account (OCA).

Table 21: Hamilton County Sheriff's Office FST Levy Staffing Compensation

Position	Average Compensation	Percentage FTE	2018 Amount Spent
Classification Specialist	\$59,111	100% of 1 FTE	\$59,111
Data Entry Operator 2	\$51,596	100% of 1 FTE	\$51,596
Office Supervisor	\$63,847	100% of 1 FTE	\$63,847
TOTAL			\$174,554

According to the BLS, the average salary for a Probation Officer and Correctional Treatment Specialist (Classification Specialist) in the Cincinnati region is \$50,130. The average salary for a Data Entry Keyer (Data Entry Operator 2) is \$33,120. The average salary for a First-Line Supervisor of Office and Administrative Support Workers (Office Supervisor) is \$58,220.

3. COMPARISONS AND BENCHMARKS

The Bureau of Justice Statistics administers the Annual Survey of Jails, a representative survey of county and city jail jurisdictions and regional jails in the country, to track changes in the number and characteristics of local jail inmates nationwide as well as annual data on jail inmate turnover, capacity, and space usage. In 2016, there were approximately 740,700 jail inmates.⁴¹ This is approximately 11.2 percent of the total correctional population.⁴² The average daily population was approximately 731,300. The number of annual admissions was 10,600,000. There were approximately 229 inmates in local jails per 100,000 U.S. residents on June 30, 2016. The jail population was comprised of 85.5 percent males and 15.5 percent females. Nearly half (48.1 percent) of the jail population was White, 34.4 percent were Black/African American, and 15.2 percent were Hispanic/Latino. Over two-thirds (69.7 percent) of the population were felony offenders, one quarter (25.4 percent) of the population were misdemeanor offenders, and 4.9 percent of offenders had other types of offense. Over one-third (34.9 percent) of the population had been convicted of the offense.⁴³

Comparison Data

Transition from Jail to Community (TJC) Initiative

In 2007, the National Institute of Corrections (NIC) partnered with the Urban Institute to launch the Transition from Jail to Community (TJC) initiative, which addresses the specific reentry challenges that individuals face when transitioning into the community from jail. The rollout of this initiative included two phases in 12 pilot sites across the country; however, it seeks to become a model that all jails throughout the country can use. The initiative has two goals: 1) improve public safety and 2) increase successful integration outcomes, such as employment, housing, and sobriety. This initiative integrates jail- and community-based partners to assist with transitions. The five (5) elements of the TJC model are:

1. *Leadership, Vision, and Organizational Culture:* An effective jail transition strategy requires the active involvement of key decision-makers to set expectations, identify important issues, articulate a clear vision of success, and engage staff and other stakeholders in the effort.
2. *Collaborative Structure and Joint Ownership:* The jail and community must be jointly responsible for a successful transition.
3. *Data-Driven Understanding of Local Reentry:* The collection of objective, empirical data and regular analysis of the data to inform decision-making.
4. *Targeted Intervention Strategies:* Program interventions should be based on an individual's risk of reoffending and criminogenic needs, which is obtained through assessments and screening.
5. *Self-Evaluation and Sustainability:* Self-evaluation uses data to guide operations, monitor progress, and inform decision-making about changes or improvements that may need to be made to the initiative. Sustainability involves ways to keep the program running despite changes in leadership, funding, etc.⁴⁴

Data could not be found regarding whether this initiative has reduced recidivism rates, but the Urban Institute has evaluated the Franklin County, MA program to determine how well the county is implementing the initiative.

⁴¹ Bureau of Justice Statistics. (2018). *Jail Inmates 2016* (NCJ 251210). <https://www.bjs.gov/content/pub/pdf/ji16.pdf>.

⁴² Bureau of Justice Statistics. (2018). *Correctional Populations in the United States, 2016* (NCJ 251211). <https://www.bjs.gov/content/pub/pdf/cpus16.pdf>

⁴³ Bureau of Justice Statistics. (2018). *Jail Inmates 2016* (NCJ 251210). <https://www.bjs.gov/content/pub/pdf/ji16.pdf>.

⁴⁴ https://www.urban.org/sites/default/files/publication/85186/tjc-phase-2-cross-site-summary_4.pdf

I. Municipal Court and Probation Administration – Hamilton County Municipal Court

1. PROGRAM OVERVIEW

The Hamilton County Court and Court Clinic entered into a Memorandum of Understanding (MOU) with the MHR SB in 2010 to provide case management and transitional reentry services paid through the FST Levy and an Early Intervention and Community Transition (EITC) grant through the Ohio Community Corrections program, including mental health triage services, treatment evaluation and transition planning.

The Court Clinic provides a variety of evaluation and treatment services for those involved in the criminal justice system, including in-depth assessments and treatment of mental health and/or addiction issues. As a certified Forensic Center in the OhioMHAS, evaluations are provided to the judges of the criminal courts in Hamilton, Clermont, Brown, Adams, Lawrence, and Scioto Counties. Types of evaluations include: Competency to Stand Trial, NGRI, Post-NGRI (Conditional Release), Treatment and Risk Assessments.⁴⁵

When the Court requests a referral for an evaluation or assessment, a referral form is completed and sent to the Court Clinic to be performed by a psychologist or licensed social worker, depending on the referral type. The referral form contains the following eight (8) types of referrals.

- Mental Health Court Screening
- Veterans Treatment Court Screening
- Substance Abuse Assessment
- In-Depth Assessment for Women/AIW
- Pre-Trial Services Diversion Candidate Treatment Assessment
- Pre-Conviction Treatment Assessment
- Post-Conviction/Pre-Sentence Treatment Assessment
- Post-Sentence Treatment Assessment

2. STAFFING

The FST levy funds the salary of four (4) full-time positions within the Municipal Court, Department of Pretrial and Community Integration Services. Table 22 below represents the staff paid through the FST levy including average compensation, percentage of full-time equivalent (FTE) funded and amount spent for each staff member.

Table 22: Municipal Court FST Levy Staffing Compensation

Position	Average Compensation	Percentage FTE	Amount Spent
Casework Specialist	\$46,683	100% of 1 FTE	\$46,683
Pretrial Caseworker	\$39,585	100% of 1 FTE	\$39,585
Pretrial Caseworker	\$32,678	100% of 1 FTE	\$32,678
Special Services Coordinator	\$51,360	100% of 1 FTE	\$51,360
TOTAL			\$170,306

According to the BLS, in the Cincinnati region, the average salary for a Probation Officer and Correctional Treatment Specialist (Casework Specialist) is \$50,130. The average salary for a Court, Municipal and License Clerk (Pretrial Caseworker) is \$39,800. The average salary for a Community and Social Service Specialist, Other (Special Services Coordinator) is \$41,840.

⁴⁵ Central Clinic Behavioral Health. Court Clinic. (2019). <http://www.centralclinic.org/programs/court-clinic/>

3. PROGRAM REVENUE AND EXPENDITURES

In addition to the staff listed in Table 22 above, FST Levy funds provide funding for the eight types of referrals to the Court Clinic for evaluations and assessments of Hamilton County court clients. In addition to the staff listed in Table 22 above, FST Levy funds provide funding for the eight (8) types of referrals to the Court Clinic for evaluations and assessments of Hamilton County court clients. The contract between the Hamilton County Court and Court Clinic and the MHR SB is not to exceed \$175,000 annually. Table 23 below represents the budget for CY2019 for the Court Clinic contract. For 2014 – 2018, PCG did not receive the breakdown of expenditures, only the total contractual amount.

Table 23: Court Clinic Contract

Line Item	2014 Actual	2015 Actual	2016 Actual	2017 Actual	2018 Actual	2019 Budgeted
Salaries	-	-	-	-	-	\$100,206
Fringe Benefits	-	-	-	-	-	\$24,250
Supplies	-	-	-	-	-	\$4,754
Travel	-	-	-	-	-	\$546
Equipment	-	-	-	-	-	\$1,518
Occupancy	-	-	-	-	-	\$18,410
Other	-	-	-	-	-	\$5,016
TOTAL	\$144,877.30	\$138,384.56	\$151,425.69	\$135,460.93	\$163,106.45	\$154,700

According to FST levy finances and confirmed in the Municipal Court Levy Operating Fund, the total program expenditures range from a low of \$367,538 in 2017 to a high of \$418,758 in 2014, which includes the four (4) staff salaries and the contract with Court Clinic.

Table 24: Municipal Court FST Levy Operating Fund

Line Item	2014 Actual	2015 Actual	2016 Actual	2017 Actual	2018 Actual
Regular Employee Compensation	\$171,909.91	\$164,508.90	\$149,137.62	\$150,681.43	\$169,972.42
Vacation Pay	\$0.00	\$0.00	\$0.00	\$0.00	\$4,325.28
Retroactive Pay	\$405.85	\$0.00	\$80.29	\$1,353.24	\$0.00
Worker's Compensation	\$2,254.83	\$1,366.39	\$2,338.49	\$0.00	\$0.00
Contractual Services	\$144,877.30	\$138,384.56	\$151,425.69	\$135,460.93	\$163,106.45
Operating Transfers Out	\$0.00	\$0.00	\$0.00	\$1,964.66	\$0.00
Mandatory Medicare	\$2,405.12	\$2,165.69	\$1,948.07	\$1,991.09	\$2,237.23
Public Employees Retirement System	\$24,990.18	\$23,043.67	\$20,906.88	\$21,152.27	\$23,766.82
Medical Benefits	\$69,310.00	\$54,141.26	\$57,118.09	\$53,080.00	\$37,605.92
Dental Benefits	\$2,331.98	\$1,923.97	\$1,719.50	\$1,668.61	\$2,317.73
Life Insurance	\$207.00	\$194.04	\$181.49	\$147.08	\$166.08
Employee Assistance Plan	\$65.52	\$62.36	\$57.18	\$38.88	\$54.00
Total	\$418,757.69	\$385,790.84	\$384,913.30	\$367,538.19	\$403,551.93

4. COMPARISONS AND BENCHMARKS

The most commonly referred evaluation from the Hamilton County Court is for a Substance Abuse Assessment. Neither the Hamilton County Court nor the Court Clinic record the number of assessments referred or completed by referral type. Therefore, no data was provided to PCG for review.

J. PreventionFIRST! – Hamilton County Mental Health and Recovery Services Board

1. PROGRAM OVERVIEW

PreventionFIRST!, formerly the Coalition for a Drug-Free Greater Cincinnati, was founded in 1996 as a comprehensive effort to address youth substance abuse and operates under three (3) centers: Center for Prevention Science, Center for Community Engagement and the Center for Prevention Action. PreventionFIRST! is a drug-free community program and a member of the Community Anti-Drug Coalitions of America (CADCA). PreventionFIRST! serves the population of the tri-state region where Ohio, Indiana, and Kentucky converge consisting of two million people encompassing urban, suburban and rural communities.

PreventionFIRST! is committed to developing new community anti-drug coalitions and strengthening and supporting existing local neighborhood coalitions, and primarily utilizes its portion of the FST levy to support this strategy. Currently, there are approximately 30 member coalitions throughout the coverage area, specifically twelve (12) in Hamilton County. The organization funds training, technical assistance, national/state professional memberships, and mini-grants for these local coalitions with the Hamilton County Family Services and Treatment – Prevention Program grant. The mini-grants support mobilization, planning or implementation phases of development. For FY2018, the total grant amount available was \$58,225 and from this a total of four (4) awards were made to local coalitions.

A portion of the FST levy also supports the PreventionFIRST! Student Drug Use Survey, a primary data source for assessing youth substance abuse issues. The next step is mobilizing the community to come together to address the identified problems. The data findings and community partners are critical for planning and implementing appropriate strategies and activities to address the specific conditions relative to their neighborhood. The ongoing collection of the youth survey every two (2) years and subsequent analysis monitors progress of the plan and community level change.

Program Goals:

- *Ensure data-driven decision-making for prevention action.* PreventionFIRST! conducts the biannual Student Drug Use Survey for the collection of primary youth substance abuse data. The organization also established the Coalition Evaluation Center to track, monitor, and report on coalition activity and contribution to community-level change. Strategies include comprehensive assessments to understand the problem and related social consequences; evaluation of short-term and long-term outcomes; and research on special topics.
- *Strengthen & support local, neighborhood anti-drug efforts.* While prevention actions are implemented on a regional, macro-level, the organization works to establish new and support developing programs, partnerships, and local coalitions to address their unique community conditions. Strategies include providing training, technical assistance, and seed funding to assist and empower community residents, partners, and key leaders to address their issues.
- *Establish & strengthen collaboration across community sectors to implement evidence-based prevention.* PreventionFIRST! has identified underage drinking, tobacco/vaping use, marijuana use and prescription/over-the-counter drug misuse as the primary substance abuse problems among youth. Strategies are designed to change social acceptability, access/availability, media messaging/promotion, and policy/enforcement to create a more supportive & thriving environment for youth to grow up in.

Centers:

- *Center for Prevention Science:* The Prevention Science strategy is aimed at increasing data-driven decision for effective prevention programs through assessment, survey analysis, evaluation, and research. Staff assigned to this center provide the following services: Community Needs Assessments, the

PreventionFIRST! Student Drug Use Survey and local evaluation services to community coalitions and collaboratives through the Coalition Evaluation Center:

- *Center for Community Engagement:* The community engagement strategy is aimed at building, strengthening and supporting substance abuse prevention programs, partnerships, and coalitions through training, technical assistance and seed funding. A coalition is a group of individuals and groups representing a variety of sectors in any given community. The group works collaboratively to design and implement comprehensive, community wide substance use/misuse prevention strategies. These strategies are intended to change community norms and standards of conduct related to substance use within the community.
- *Center for Prevention Action:* The Prevention Action strategy aims to change or influence multiple community conditions and circumstances to reduce community level alcohol, tobacco, and other substance problems. Effective prevention requires interventions in various facets of community life that are designed to change individuals and the environment in which they live. Coalition prevention activities are aligned with the Seven Strategies for Community Change from University of Kansas Center for Research and Community Anti-Drug Coalitions of America (CADCA).

2. STAFFING

PreventionFIRST! has a total of eight (8) full-time/two (2) part-time staff positions and three (3) part-time contract positions. Figure 18 below represents the organizational structure of the organization.

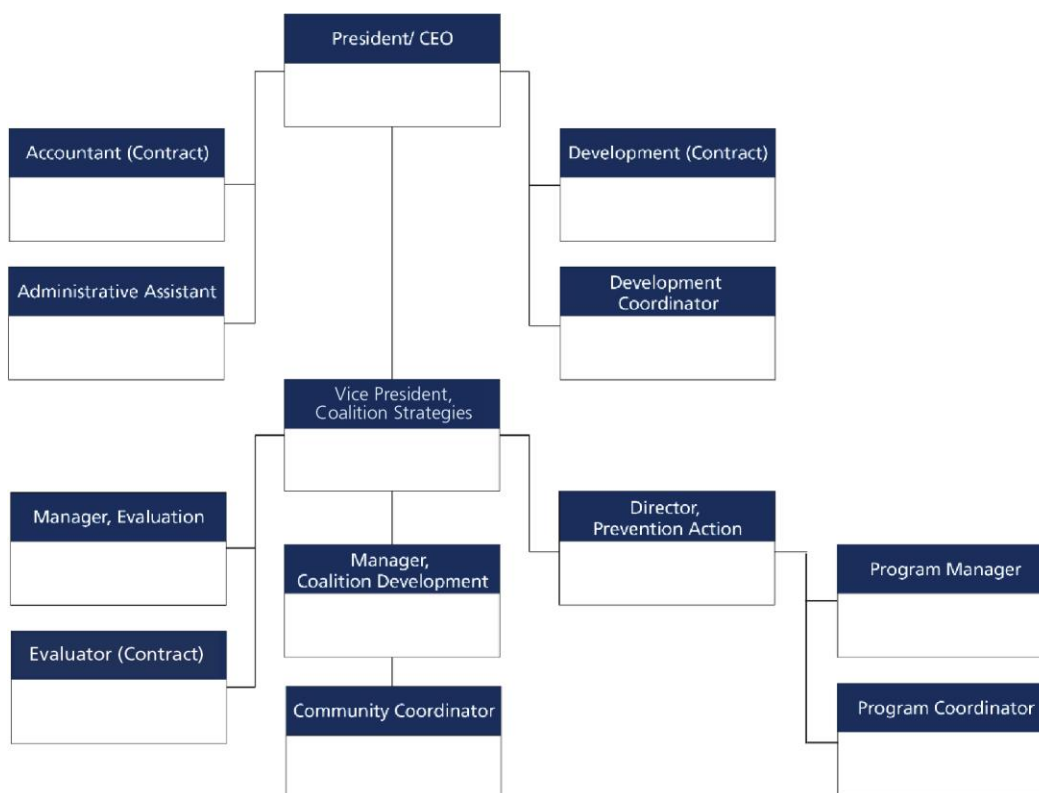


Figure 18: PreventionFIRST! Organizational Chart

The FST levy funds a portion of the salary of four (4) positions within the organization and the associated payroll taxes, FICA, totaling approximately \$30,000.00. Table 25 below represents PreventionFIRST! staff paid through

the FST levy including average compensation, percentage of full-time equivalent (FTE) funded, amount budgeted, and amount spent for each staff member.

Table 25: PreventionFIRST! FST Levy Staffing Compensation

Position	Average Compensation	Percentage FTE	2018 Amount Budgeted	2018 Amount Spent
President & CEO	\$77,234	5% of 1 FTE	\$3,862	\$3,862
Vice President, Coalition Strategies	\$60,000	5% of 1 FTE	\$2,250	\$2,250
Manager, Local Coalition Development	\$43,719	25% of .75 FTE	\$9,168	\$9,168
Community Coordinator	\$34,220	50% of .75 FTE	\$12,747	\$12,747
FICA			\$2,144	\$2,144
TOTAL			\$30,171	\$30,171

Per the BLS, the average salary for a Social and Community Service Manager (Community Coordinator) is \$71,450.

3. PROGRAM REVENUE AND EXPENDITURES

Table 26 below represents operational revenue and expenditures for PreventionFIRST! The financial information was retrieved from the organization's annual audit reports.

Table 26: PreventionFIRST! Operational Revenue and Expenditures 2014 – 2018

PreventionFIRST! Operational Revenue and Expenditures 2014 - 2018					
	2014	2015	2016	2017	2018
Revenue					
Government Grants					
- Federal	\$-	\$-	\$-	\$-	\$-
- State	\$263,306	\$140,857	\$309,775	\$404,506	\$555,677
- County	\$94,095	\$95,659	\$86,776	\$165,554	\$105,253
- City	\$-	\$-	\$-	\$-	\$-
Foundation Grants	\$126,000	\$131,181	\$98,447	\$205,500	\$151,975
Other Donations and Grants	\$101,464	\$105,644	\$50,926	\$40,714	\$41,685
Individual Contributions	\$-	\$-	\$-	\$-	\$-
Special Event Income	\$25,254	\$19,200	\$34,291	\$29,294	\$27,794
Fee for Service	\$76,927	\$77,957	\$70,542	\$108,702	\$83,416
Miscellaneous Income	\$-	\$3,089	\$(181)	\$(230)	\$(158)
Investment Income	\$(10)	\$-	\$-	\$-	\$-
Released from Restriction	\$-	\$-	\$-	\$-	\$-
Total Revenue	\$687,036	\$573,587	\$650,576	\$954,040	\$965,642
Expenses					
Salaries and Related	\$282,727	\$289,292	\$326,936	\$363,698	\$378,857
Professional Services	\$46,245	\$60,934	\$34,314	\$41,233	\$38,512
Occupancy	\$38,113	\$38,992	\$41,363	\$42,911	\$61,149

Training and Travel	\$21,945	\$14,013	\$11,824	\$6,119	\$5,157
Office Costs	\$10,276	\$11,447	\$9,313	\$16,317	\$13,068
Special Events	\$5,278	\$4,771	\$13,541	\$12,055	\$9,095
Miscellaneous	\$3,502	\$3,483	\$5,718	\$17,866	\$929
Direct Program Costs	\$261,274	\$90,552	\$281,762	\$291,592	\$499,542
Total Expenses	\$669,360	\$513,484	\$724,771	\$791,791	\$1,006,309
Net Income	\$17,676	\$60,103	\$(74,195)	\$162,249	\$(40,667)

Table 27 below represents only the FST levy revenue and expenditures by PreventionFIRST! from 2014 – 2018.

Table 27: PreventionFIRST! FST Levy Actuals 2014 – 2018

PreventionFIRST! Program Actuals 2014 - 2018					
	2014	2015	2016	2017	2018
FST Levy Revenue					
Total FST Levy Revenue	\$64,337	\$64,336	\$58,225	\$58,225	\$58,225
Expenses					
Personnel	\$37,967	\$37,117	\$28,275	\$31,202	\$30,212
Fringe	\$3,011	\$3,753	\$2,142	\$2,387	\$2,311
Mileage	\$1,118	\$855	\$1,049	\$988	\$1,543
Printing/Supplies	\$65	\$423	\$983	\$240	\$1,570
Memberships	\$-	\$-	\$2,723	\$1,988	\$1,830
Contracts - Student Drug Use Survey	\$5,000	\$-	\$5,000	\$-	\$5,000
Contracts - Community Readiness/Media	\$7,176	\$11,937	\$11,715	\$5,880	\$-
Contracts - Mini-Grants	\$10,000	\$10,000	\$5,000	\$12,500	\$7,500
Conference/Training	\$-	\$251	\$1,338	\$-	\$5,000
Indirect - Lease	\$-	\$-	\$-	\$2,552	\$2,719
Indirect - Maintenance	\$-	\$-	\$-	\$-	\$-
Indirect - Utilities	\$-	\$-	\$-	\$488	\$540
Indirect - Insurance	\$-	\$-	\$-	\$-	\$-
Total Expenses	\$64,337.00	\$64,336.00	\$58,225	\$58,225	\$58,225
Net Income	\$-	\$-	\$-	\$-	\$-

* Variabilities in reporting reflect category name changes over time; funding of different developmental levels of mini-grants.

4. CONTRACT COMPLIANCE

PreventionFIRST! is contracted through the Hamilton County MHRB on an annual basis. As specified in Paragraph 38 of the contract, PreventionFIRST! is required to submit various Administrative, Fiscal, Insurance, and Evaluation and Quality Assurance requirements to MHRB. Table 28 below represents the reporting requirements for each

section. PCG has also determined if each contract requirement has been achieved through our review of the supporting documentation submitted by PreventionFIRST! to the required parties.

Table 28: PreventionFIRST! Contractual Reporting Requirements

Reporting Requirement	Due Date	Send To	Contract Location	Compliance Achieved
Administrative Requirements				
List of agency board members including terms and addresses	January 1	Contract Specialist	Paragraph 21	✓
Certifications and assurances	January 1	Contract Specialist	Attachment J	✓
Fiscal Requirements				
Cost reimbursement invoices	End of following month	Chief Financial Officer	Attachment T	✓
Annual budget	As Requested	Chief Financial Officer	Attachment C	✓
Independent financial statement audit	No later than 6 months after fiscal year	Chief Financial Officer	Article 7	✓
Insurance Requirements				
Commercial general liability	January 1	Contract Specialist	Paragraph 32	✓
Professional liability	January 1	Contract Specialist	Paragraph 32	✓
Employer's stopgap liability	January 1	Contract Specialist	Paragraph 32	✓
Business auto liability	January 1	Contract Specialist	Paragraph 32	✓
Directors' and officers' errors and omissions	January 1	Contract Specialist	Paragraph 32	✓
Workers' compensation	January 1	Contract Specialist	Paragraph 32	✓
Evaluation and Quality Assurance Requirements				
Major unusable reportable incident reports	24 hours for MH 72 hours for AOD	V.P MHAS	Attachment D	N/A
Consumer satisfaction survey	January 31	System Performance Evaluator	Attachment D	N/A
Cost reimbursement cost identifying data	January 31 - April 30 July 31 - October 31	System Performance Evaluator	Attachment D	N/A

PCG confirmed with MHR SB PreventionFIRST! is current in its submission of the Administrative, Fiscal and Insurance reporting requirements. PreventionFIRST! is not required to submit the Evaluation and Quality Assurance Requirements. These are standard contractual items that appear in MHR SB cost reimbursement contracts; however, PreventionFIRST! is provided exceptions to these requirements as the organization does not provide direct services to clients.

5. COMPARISONS AND BENCHMARKS

Table 29 below represents specific milestones tracked by PreventionFIRST! from 2015 – 2019. Those milestones include: Maintaining Staff Prevention Capacity, Student Drug Survey, Coalition Capacity Building, and Supporting Local Communities.

Table 29: PreventionFIRST! Milestones

PreventionFIRST! Milestones Based on Calendar Year					
Milestone	2015	2016	2017	2018	2019
Maintaining Staff Prevention Capacity	Dedicated two FTE (50% of one; 25% of other) employees to Hamilton County	Dedicated two FTE (50% of one; 25% of other) employees to Hamilton County	Dedicated two FTE (50% of one; 25% of other) employees to Hamilton County	Dedicated two FTE (50% of one; 25% of other) employees to Hamilton County	Dedicated two FTE (50% of one; 25% of other) FTE employees to Hamilton County
Student Drug Survey	35 schools from Hamilton County registered for the survey	12,721 7th - 12th grade students from Hamilton County participated in the survey	29 Schools from Hamilton County registered for the survey	8,064 7th - 12th grade students from Hamilton County participated in the survey	The 2019-2020 survey process is being planned and school recruitment has begun
Coalition Capacity Building	Hosted 84 participants at the Coalition Academy	Hosted 150 participants at the Coalition Academy	Hosted 140 participants at the Coalition Academy	Hosted 138 participants at the Coalition Academy	PF! Is currently planning the 2019 Coalition Academy (9/10/2019)
Supporting Local Communities	Three (3) Coalitions received a grant: Warrior Coalition, ASAP Norwood, and the Wyoming Alcohol Task Force	Two (2) coalitions received notice of award funding from this grant: Walnut Hills Anti-Drug Coalition and ASAP Norwood	Two (2) coalitions received notice of award funding from this grant: Mt. Washington CARES! Coalition and the Wyoming Alcohol Task Force	Four (4) coalitions received notice of award funding from this grant: Loveland Education Against Alcohol and Drugs (LEAAD), Mt. Washington CARES! Deer Park-Coalition Advocating Teens Success (C.A.T.S.), and ASAP Norwood	Four (4) coalitions received notice of award funding from this grant: Harrison Wellness Coalition, UC AoD Coalition, Springdale Coalition of Churches and Step Up Anderson

Comparison Data

Monitoring the Future (MTF)

Monitoring the Future (MTF) is a long-term study of substance use among U.S. youth, college students, and adult high school graduates through the age of 55. Findings of this annual study, based on participant attitudes and beliefs, are used to identify substance use problems and trends, and to inform national policy and intervention strategies. In 2017, approximately 43,700 students in 8th-, 10th-, and 12 grades participated in the study. Students are asked standard questions about their use of specific drugs (i.e., marijuana, psychotherapeutic, cigarettes,

smokeless tobacco, alcohol, etc.) in their lifetime, previous 12 months, and previous 30 days. The survey also captures the perceived risk and perceived availability of using drugs.⁴⁶

K. Hamilton County Heroin Coalition

1. PROGRAM OVERVIEW

The Hamilton County Heroin Coalition (HCHC) provides countywide leadership and solutions to address the heroin and opiate epidemic both immediately and in the long-term. HCHC is committed to assisting Hamilton County residents and neighbors with the emergency support they need, as well as working to prevent the spread of drug use in youth before it begins. HCHC works collaboratively with public health officials, law enforcement, prevention experts and treatment providers to address four key focus areas through the following subcommittees:

- *Treatment*: Increasing and improving access to treatment
- *Prevention*: Boosting prevention and public education efforts
- *Harm Reduction*: Reducing the number of fatal overdoses/reducing the harm and consequences
- *Interdiction*: Controlling the supply

Each subcommittee is staffed with representatives from various Hamilton County agencies and organizations, both public and private, joining together to set policy directives and provide leadership and guidance to address the heroin and opioid epidemic.

In 2017, there was a one-time payment of \$500,000 from the FST levy and \$200,000 from the Indigent Care levy provided to the HCHC for treatment services. Those funds were then provided to the MHR SB for contracted substance abuse treatment providers. Through discussions with MHR SB, these specific funds were not tracked separately from other funds provided from HCHC. These funds were spent by MHR SB through a Purchase-of-Service plan in which all expenditures are tracked by agency and service type. During CY2017, MHR SB processed claims from agencies for HCHC-funded services in the amount of \$1,317,082. Table 30 below represents the percentage of those claims by service category.

Table 30: MHR SB Claims by Service Category

Service Category	Percent
Assessment and Counseling	12.4%
Referral, Outreach and Consultation	7.6%
Medication Assisted Treatment (MAT)	8.6%
Room and Board	29.0%
Sober Living/Recovery Housing	8.7%
Sub-Acute Detox	29.0%
Lab Analysis – Chemical Testing	4.6%
Total	100%

The unduplicated count of clients served through the HCHC funding was 692, which is \$1,903 per client. Therefore, the estimated number of clients served through the FST levy portion is approximately 263. Table 31 below represents the HCHC-funded services of \$1,317,082 by agency.

⁴⁶ Johnston, L. D., Miech, R. A., O'Malley, P. M., Bachman, J. G., Schulenberg, J. E., & Patrick, M. E. (2018). Monitoring the Future national survey results on drug use: 1975-2017: Overview, key findings on adolescent drug use. Ann Arbor: Institute for Social Research, The University of Michigan. <http://www.monitoringthefuture.org/pubs/monographs/mtf-overview2017.pdf>

Table 31: MHR SB Claims by Agency

Agency	Claims Approved
Addiction Services Council	\$119,646
Center for Addictions Treatment	\$382,547
Central Community Health Board	\$258
First Step Home	\$150,764
Prospect House	\$47,572
Talbert House	\$257,118
Crossroads	\$314,846
Urban Minority Alcoholism and Drug Abuse Outreach Program	\$44,332
Total	\$1,317,082

Claims for HCHC-funded services were highest from the Center for Addictions Treatment, followed by Crossroads and Talbert House.

Law Enforcement Assisted Diversion (LEAD) Pilot Program

In October 2018, the HCHC was awarded a \$500,000.00 federal grant from the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance (BJA) to conduct a Law Enforcement Assisted Diversion (LEAD) pilot program in Cincinnati Police District 1. LEAD is a community-based diversion approach with the goals of improving public safety and reducing unnecessary justice system involvement. According to the LEAD National Support Bureau:

“In a LEAD program, police officers exercise discretionary authority at the point of contact to divert individuals to a community based, harm reduction intervention for law violations driven by unmet behavioral health needs. In lieu of the criminal justice cycle -- booking, detention, prosecution, conviction, incarceration – individuals are referred into a trauma-informed intensive case management program where the individual receives a wide range of support services, often including transitional and permanent housing and/or drug treatment. Law enforcement works closely with case managers to ensure that all contacts with LEAD participants going forward, including new criminal prosecution for other offenses, are coordinated with the service plan for the participant to maximize the opportunity to achieve behavioral change.”⁴⁷

Grant funding will be used by HCHC to hire two (2) full-time case managers who will be in the HCOR office. The case managers serve as the primary points of contact for police officers making diversion decisions and make referrals and linkages to treatment and various other community-based programs that fit the needs of each individual in the pilot. Funding will also support the HCHC Coordinator position, pilot program evaluation, and other training and travel-related needs.

2. STAFFING

The FST levy does not support any administrative staff for the HCHC.

3. PROGRAM REVENUE AND EXPENDITURES

⁴⁷ LEAD National Support Bureau. LEAD National Support Bureau Toolkit (2018).

Table 32: Hamilton County Heroin Coalition Fund 2016 - 2017 Actuals, 2018 Estimated

Heroin Coalition Fund	2016	2017	2018 Est.
Beginning Cash Balance	-	\$732,203	\$653,574
Revenue	\$1,452,000	\$1,234,593	\$773,000
Expenditures	\$719,798	\$1,313,221	\$940,086
Ending Cash Balance	\$732,203	\$653,574	\$486,488
Reserve for Encumbrances	\$732,203	\$552,721	\$367,498
Unencumbered Balance	-	\$100,853	\$118,990
% of Expenditures	0.0%	7.7%	12.7%

4. COMPARISONS AND BENCHMARKS

The HCHC released a report in February 2019, State of the Heroin Crisis, to provide Hamilton County citizens with insight into the problem of addiction within Hamilton County and a better understanding of the work of the HCHC and its partners. The tables below represent process and outcome data collected by the various HCHC subcommittees, which provide valuable data on the efforts of the HCHC partners.⁴⁸

Table 33: Hamilton County Heroin Coalition Outcomes – Prevention Subcommittee

Public Awareness
<ul style="list-style-type: none"> Distributed 11,000 retail pharmacy bags to 11 independent Hamilton County pharmacies From Voices to Action: Confronting the Opioid Epidemic event – 25 community members and 7 vendors Mini-Grants were awarded to Superseeds and Norwood ASAP to host Community Forums Promoted <i>TakeChargeOhio</i> and National Take Back days
Skill Building/Training
<ul style="list-style-type: none"> Hamilton County schools participated in <i>pHarming Effects</i> (Norwood, Loveland, Three Rivers) – 41 students educated on the harmful effects of prescription drug misuse Annual PreventionFIRST! Coalition Academy – 140 participants Annual PreventionFIRST! Coaches, Kids, & Chemicals Summit - 66 students from 6 high schools attended with 32 adult coaches “Parenting for Prevention” Trainings – 3 trainings held in Hamilton County and 30 community members were trained
Reducing Access
<ul style="list-style-type: none"> 9,008 pounds of medication disposed during National Take Back days in April and October 5 permanent drop boxes provided to Cincinnati Health Department for installation in Cincinnati health clinics In partnership with Interact for Health and HCPH verified HC drop box locations and promoted OhioRxDisposal.com
Other

⁴⁸ The Hamilton County Heroin Coalition. 2019 State of the Heroin Crisis.
<https://www.hamiltoncountyohio.gov/UserFiles/Servers/Server63788196/File/Government/Open%20Hamilton%20County/Projects/Heroin%20Coalition/2019%20State%20of%20Heroin%20Crisis.pdf>

- PreventionFIRST! was awarded \$50,000/year four-year federal CARA Community Enhancement grant. The goal is to prevent and reduce the abuse of opioids and prescription medications among community members ages 12-18 in Hamilton County.

Table 34: Hamilton County Heroin Coalition Outcomes – Treatment Subcommittee

The Hamilton County Mental Health and Recovery Services Board developed, printed and disseminated more than 4,000 resource guides containing descriptions of funded agencies, contact information, and local and national services and resources.

Used CURES funding from SFY 2018 to support the expansion of core treatment services, including individual and group counseling, intensive outpatient treatment, and case management services and assessments.

Since April 2018, 313 people have been referred to recovery support services.

In May 2018, the Hamilton County Mental Health and Recovery Services Board and Talbert House opened an Engagement Center, serving 400 patients by December 2018.

Table 35: Hamilton County Heroin Coalition Outcomes – Interdiction Subcommittee

Received a \$500,000 grant to implement a Law Enforcement Assisted Diversion (LEAD) pilot program in the City of Cincinnati

2018 Investigative Caseload

- 233 cases initiated, a 9.7% decrease from 2017
- 219 cases were heroin/opiate overdose death investigations totaling 223 total deaths, a 3.5 percent decrease from 2017
- Nine (9) non-fatal investigations
- Five (5) heroin/opiate-related drug investigations

2018 Drugs Recovered

- 117.2 grams of heroin, a 55% decrease from 2017
- 844.15 grams of Fentanyl mix, a 320 percent increase from 2017

Table 36: Hamilton County Heroin Coalition Outcomes – Harm Reduction Subcommittee

As of January 29, 2019, the Hamilton County Public Health through the Narcan Distribution Collaborative (NDC) has distributed 33,221 doses of Narcan

Through the six (6) Exchange Project sites (Northside, Middletown, Mt. Auburn, Westwood, Clermont, and Corryville), the following occurred:

- 11,221 visits were made, of which 1,592 were new visits
- 353,608 syringes were exchanged

- 8,636 Narcan doses were distributed
- 287 Hepatitis C tests were administered, of which 152 were positive
- 389 HIV test were administered, of which one (1) was positive
- 911 pregnancy tests were administered

Implemented ER standards in all health systems across Greater Cincinnati

Held MAT training/certification for physicians at the Health Collaborative (two trainings), Mercy Health's home office, Bethesda North Hospital, and Good Samaritan Hospital

Comparison Data

Montgomery County Drug-Free Coalition (Ohio)

The Montgomery County Drug-Free Coalition works with members of the local community, including but not limited to law enforcement personnel, political leaders, and alcohol and drug treatment providers, to promote a drug-free community by mobilizing diverse partnerships, developing, implementing and supporting environmental strategies, and increasing public awareness of the harmful effects of heroin, opiates, and illegal prescription drugs. In addition to supporting individuals with substance use issues and their families, the Montgomery County Drug-Free Coalition has a prescription drop off box program where residents can dispose of non-narcotics, narcotics, over the counter (OTC) medications, herbals, and veterinary medications.⁴⁹

Franklin County Opiate Action Plan

The Franklin County Opiate Action Plan seeks to stabilize the opiate issue in the short-term while offering long-term strategies, such as:

- Preventing opiate abuse and addiction;
- Reducing the number of opiate-related deaths;
- Expanding access and decreasing the wait for treatment; and
- Improving safety for the community.

Cuyahoga County Opiate Task Force, Board of Health

The Cuyahoga County Opiate Task Force is comprised of nearly 200 area drug treatment/recovery, education, health care, law enforcement, medicine, prevention specialists, mental health services, and public health professionals. The task force seeks to create a healthier community by reducing accidental fatalities associated with opiate abuse through collaborative partnerships focusing on prevention, treatment, and recovery. Services provided include prevention education consulting, staff in-service and training, community awareness presentations, and environmental prevention strategies.⁵⁰

In addition, the task force supports the Circle Health Services Syringe Exchange Program, which provides sterile syringes to injection drug users through a one-for-one exchange, and HIV and Hepatitis C testing, basic wound care, safer injection kits, condoms and other barriers for sexual activities, and flu vaccines. Program statistics include:

- More than 495,000 needles are exchanged annually;

⁴⁹ Montgomery County Drug Free Coalition. (2019). <https://mcdrugfree.org/>

⁵⁰ Cuyahoga County Opiate Task Force Report. (2016). http://opiatecollaborative.cuyahogacounty.us/pdf_OpiateCollaborative/en-US/2016-OpiateTaskForceReport.pdf

- 742 clients are referred to medical services within the Health Center each year;
- Approximately 9,000 pieces of prevention education literature are distributed annually;
- Nearly 800 clients are referred to drug treatment services each year.⁵¹

⁵¹ Ibid.

V. FINANCIAL ANALYSIS

Table 37: FST Levy Plan 2015 - 2019

FST Levy Plan	Year 1- 2015	Year 2- 2016	Year 3- 2017	Year 4- 2018	Year 5- 2019
Beginning Carryover	2,584,438	2,179,290	1,977,837	1,779,526	1,583,788
REVENUES	5,995,900	6,018,000	6,040,100	6,062,200	6,084,300
FST Tax Levy	5,995,900	6,018,000	6,040,100	6,062,200	6,084,300
Additional Levy Need	-	-	-	-	-
EXPENDITURES	6,401,048	6,219,453	6,238,411	6,257,938	6,378,051
1617 Reading Rd Security (Sheriff)***	613,527	631,932	650,890	670,417	690,530
Sheriff Mental Health Services	-	-	-	-	-
1617 Reading Rd (Municipal Court)*	2,304,720	2,304,720	2,304,720	2,304,720	2,304,720
Turning Point (Probation)*	872,730	872,730	872,730	872,730	872,730
10 Day DUI (Probation)*	111,066	111,066	111,066	111,066	111,066
ADAPT/Drug Court*	1,256,557	1,256,557	1,256,557	1,256,557	1,256,557
ReEntry (Sheriff)***	111,066	111,066	111,066	111,066	111,066
ReEntry (Municipal Court and Probation)**	380,111	380,111	380,111	380,111	380,111
Drug Free Communities*	58,225	58,225	58,225	58,225	58,225
Off The Streets*	-	-	-	-	-
Treatment Court Staff*	168,690	168,690	168,690	168,690	168,690
ReEntry***	210,021	210,021	210,021	210,021	210,021
Auditor and Treasurer Fees	89,335	89,335	89,335	89,335	89,335
Indirect Cost (600023)	-	-	-	-	-
Administrative (BoE costs, TLRC Analyst)	225,000	25,000	25,000	25,000	125,000
Ending Carryover	2,179,290	1,977,837	1,779,526	1,583,788	1,290,037

Table 38: FST Levy Actuals 2015 - 2019

FST Levy Actual	Year 1 2015 Actual	Year 2 2016 Actual	Year 3 2017 Actual	Year 4 2018 Actual	Year 5 2019 Budgeted
Beginning Carryover	2,584,438	3,087,071	2,272,997	2,243,492	1,549,371
REVENUES	6,197,045	6,200,123	6,248,158	6,375,066	6,211,915
FST Tax Levy	6,197,045	6,183,456	6,196,038	6,322,853	6,163,415
ReEntry *general fund subsidy	-	16,667	52,120	52,214	48,500
EXPENDITURES	5,694,413	7,014,197	6,277,662	5,210,946	7,039,013
ADAPT/Drug Court*	932,632	1,924,690	832,135	614,535	1,256,266
1617 Reading Rd (Municipal Court)*	2,208,915	2,496,780	2,304,720	2,153,580	2,352,900
Turning Point and 10 Day DUI (Probation)*	887,999	974,507	878,295	671,454	1,065,450
1617 Reading Rd Security (Sheriff)***	625,904	633,856	626,307	542,369	753,791
ReEntry Services	188,571	175,947	316,102	310,281	395,027
Veterans Treatment Court	126,067	131,806	86,735	137,524	185,000
Sheriff Mental Health Services	250	75	200	500	25,000
Sheriff Administration	125,489	150,832	218,527	232,472	228,842
Municipal Court and Probation Administration	385,791	384,913	367,538	403,552	400,000
PreventionFIRST!	82,341	49,087	60,008	58,645	58,225
Heroin Coalition	-	-	500,000	-	-
Administrative (BoE costs, TLRC Analyst, A&T fees)	130,455	91,703	87,095	86,034	318,513
Ending Carryover	3,087,071	2,272,997	2,243,492	3,407,613	722,272
Less Year End Encumbrances				1,858,242	
Ending Carryover				1,549,371	

Table 37 above includes the FST Levy Plan for the five-year period (2015 – 2019) which includes estimated revenue and expenditures based upon the budget and funding requested for each program requesting funding through the FST levy.

Table 38 above represents the FST Levy Actuals for the five-year period (2015 – 2019), which includes the actual revenue recognized and actual expenditures for each program funded through the FST levy. In some instances, the actuals vary significantly from the FST Levy Plan due to various reasons, such as staffing increases, salary adjustments, etc. Similarly, it is not unusual for the tax levy revenues to come in higher than estimated because of conservative estimates in the planning process. Unspent balances are also often rolled over to the next year, which allows for program adjustments. The average carryover balance from 2015 – 2018 is approximately \$2.2M.

Table 39 below represents the percentage of the planned levy funds spent by each of the programs. On average, 90 percent of the budgeted levy funds were spent over the 2015 to 2018 period (even with the planned year-end carryover). The 1617 Reading Rd Security, 1617 Reading Rd (Municipal Court), Municipal Court and Probation Administration, and PreventionFIRST! averaged nearly 100% of their allocated funds each year. The Veteran's Treatment Court averaged the lowest percentage of planned funds spent at 71 percent, followed by ADAPT/Drug Court at 86 percent, and Turning Point and 10 Day DUI at 87 percent. Reentry Services and the Sheriff Administration consistently spent more than the levy had planned, at 118 percent and 164 percent, respectively. The Sheriff Mental Health Services and Heroin Coalition lines appear to be spending much more than was planned each levy year, though this is because they were not initially allocated any funds in the Levy Plan, so naturally the percent difference is large. It is important to note however, that at the writing of this report, 2018 still had approximately \$1.9M in encumbrances, the bulk of which are due to Talbert House contract payments. Since these invoices have not yet been submitted, it gives the appearance that not all funds have been spent. Additionally, due to the encumbrances being grouped in total and not split by program, they are included in the 98 percent of Year 4 expenditures for the levy overall, but not reflected in each of the individual programs that have incurred the expense but not yet submitted the invoice. However, this helps partly to account for the low percentages seen in 2018 for ADAPT and Turning Point.

Table 39: Percent of Planned FST Levy Spent by Program 2015 - 2018

FST Levy Plan Name	FST Levy Actual Name	Year 1 2015	Year 2 2016	Year 3 2017	Year 4 2018*	Average % Spent
EXPENDITURES		77%	97%	87%	98%	90%
ADAPT/Drug Court*	ADAPT/Drug Court*	74%	153%	66%	49%	86%
1617 Reading Rd (Municipal Court)*	1617 Reading Rd (Municipal Court)*	96%	108%	100%	93%	99%
Turning Point and 10 Day DUI (Probation)*	Turning Point and 10 Day DUI (Probation)*	90%	99%	89%	68%	87%
1617 Reading Rd Security (Sheriff)***	1617 Reading Rd Security (Sheriff)***	102%	100%	96%	81%	95%
ReEntry***	ReEntry Services	90%	84%	151%	148%	118%
Treatment Court Staff*	Veterans Treatment Court	75%	78%	51%	82%	71%
Sheriff Mental Health Services	Sheriff Mental Health Services	25000%	7500%	20000%	50000%	25625%
ReEntry (Sheriff)***	Sheriff Administration	113%	136%	197%	209%	164%
ReEntry (Municipal Court and Probation)**	Municipal Court and Probation Administration	101%	101%	97%	106%	101%
Drug Free Communities*	PreventionFIRST!	141%	84%	103%	101%	107%
-	Heroin Coalition	N/A	N/A	50000000%	N/A	50000000%
Administrative (BoE costs, TLRC Analyst)	Administrative (BoE costs, TLRC Analyst, A&T fees)	58%	367%	348%	344%	279%

**Year 4 – 2018 Expenditures overall (98%) does include the nearly \$1.9M in encumbrances, though these expenditures are not accounted for in the individual program percentages in 2018, as they are not split out in the FST Levy Actuals. The majority of 2018 encumbrances are Talbert House contract payments from 2018.*

Assuming a status quo amongst the levy-funded programs, PCG projected the expenditures of each program funded by the levy based on their actual allocated levy funds from 2015 to 2018 out through 2024. As a whole, the levy has been increasing slightly over the past four years and should the status quo continue, this would result in a projected overall higher levy fund of about \$6.2M in 2024. It is important to note that this is due in part to sustain FST levy funding at current levels with no increase for inflation.

Tables 40-43 below show different Levy Plan scenarios for the 2020-2024 period, followed by detailed sections on each of the programs' projected levy expenditures based on actual expenses. Table 40 is based largely on holding budgets steady from 2019 budgeted amounts, though with the current anticipated levy revenues this leaves the carryover funds in Year Five as negative \$579,414. If when holding steady the 2019 budget amounts, a 4.25 percent decrease is applied across the board, the carryover funds in Year Five amount to \$807,855, which gives about two months of operating funds (Table 41).

Table 42 is based on financial projections using past year actual expenses and has a Year five carryover of \$1,015,508. The projections were created by generating a trendline for the past years' actual expenses and projecting it through 2024. However, Table 42 does not account for contractual requirements or known administrative expenses. Table 43 adjusts for contractual requirements and is based on an average of past year actual expenses, with the exception of PreventionFIRST!. This option has a Year Five carryover of \$871,267.

Table 40: FST Levy Plan 2020-2024 – Holding Budgets Steady

FST Levy Actual	Year 1 2020	Year 2 2021	Year 3 2022	Year 4 2023	Year 5 2024
Beginning Carryover	722,272	463,075	403,255	342,809	281,739
REVENUES					
FST Tax Levy (from auditor millage estimate)	6,208,938	6,238,463	6,267,987	6,297,511	6,327,036
EXPENDITURES	6,538,324	6,488,324	6,488,324	6,488,324	6,638,324
ADAPT/Drug Court*	1,256,557	1,256,557	1,256,557	1,256,557	1,256,557
1617 Reading Rd (Municipal Court)*	2,304,720	2,304,720	2,304,720	2,304,720	2,304,720
Turning Point (w/out 6, 10, 20-Day Program)	749,559	749,559	749,559	749,559	749,559
1617 Reading Rd Security (Sheriff)***	600,000	600,000	600,000	600,000	600,000
ReEntry Services	395,027	395,027	395,027	395,027	395,027
Veterans Treatment Court	185,000	185,000	185,000	185,000	185,000
Sheriff Mental Health Services	5,000	5,000	5,000	5,000	5,000
Sheriff Administration	200,000	200,000	200,000	200,000	200,000
Municipal Court and Probation Administration	400,000	400,000	400,000	400,000	400,000
PreventionFIRST!	58,225	58,225	58,225	58,225	58,225
Heroin Coalition					
Administrative (BoE costs, TLRC Analyst, A&T fees)	150,000	100,000	100,000	100,000	250,000
6,10,20-Day Program Funds (to be allocated)	234,237	234,237	234,237	234,237	234,237
Ending Carryover	392,886	143,025	-77,312	-268,126	-579,414

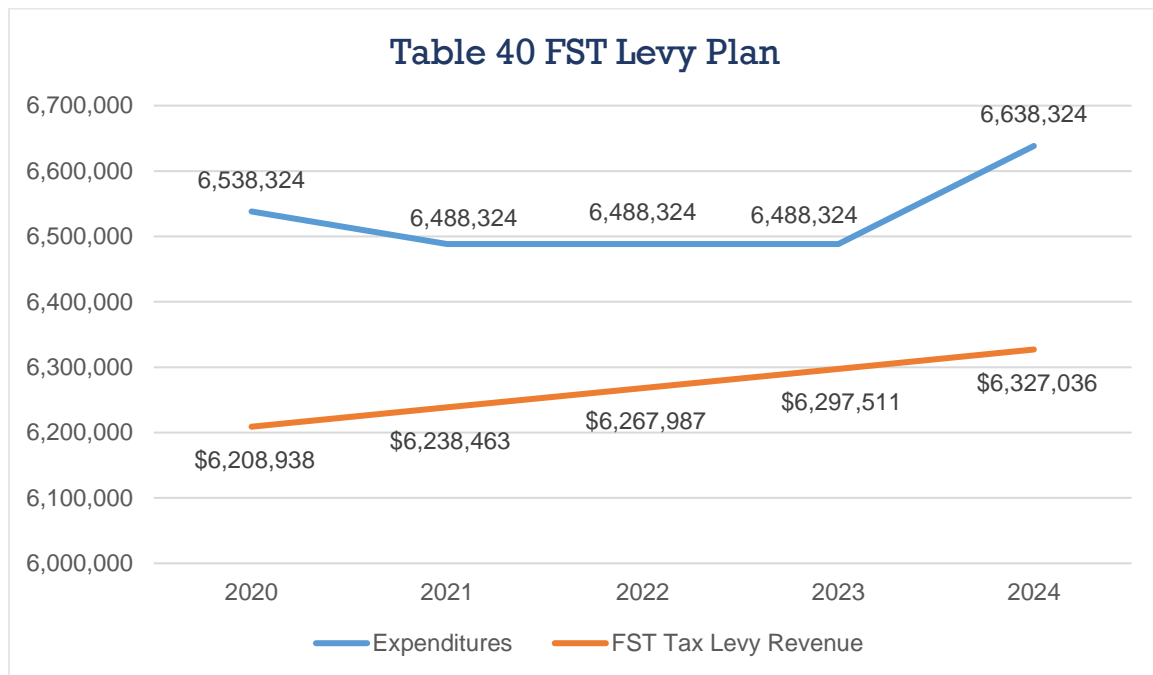


Table 41: FST Levy Plan 2020-2024 – Holding Budgets Steady Including 4.25 Percent Decrease

FST Levy Actual	Year 1 2020	Year 2 2021	Year 3 2022	Year 4 2023	Year 5 2024
Beginning Carryover	722,272	482,480	441,554	400,094	358,100
REVENUES					
FST Tax Levy (from auditor millage estimate)	6,208,938	6,238,463	6,267,987	6,297,511	6,327,036
EXPENDITURES	6,260,445	6,212,570	6,212,570	6,212,570	6,356,195
ADAPT/Drug Court*	1,203,153	1,203,153	1,203,153	1,203,153	1,203,153
1617 Reading Rd (Municipal Court)*	2,206,769	2,206,769	2,206,769	2,206,769	2,206,769
Turning Point (w/out 6, 10, 20-Day Program)	717,703	717,703	717,703	717,703	717,703
1617 Reading Rd Security (Sheriff)***	574,500	574,500	574,500	574,500	574,500
ReEntry Services	378,238	378,238	378,238	378,238	378,238
Veterans Treatment Court	177,137	177,137	177,137	177,137	177,137
Sheriff Mental Health Services	4,788	4,788	4,788	4,788	4,788
Sheriff Administration	191,500	191,500	191,500	191,500	191,500
Municipal Court and Probation Administration	383,000	383,000	383,000	383,000	383,000
PreventionFIRST!	55,750	55,750	55,750	55,750	55,750
Heroin Coalition					
Administrative (BoE costs, TLRC Analyst, A&T fees)	143,625	95,750	95,750	95,750	239,375
6,10,20-Day Program Funds (to be allocated)	224,282	224,282	224,282	224,282	224,282
Ending Carryover	670,765	696,657	752,074	837,015	807,855

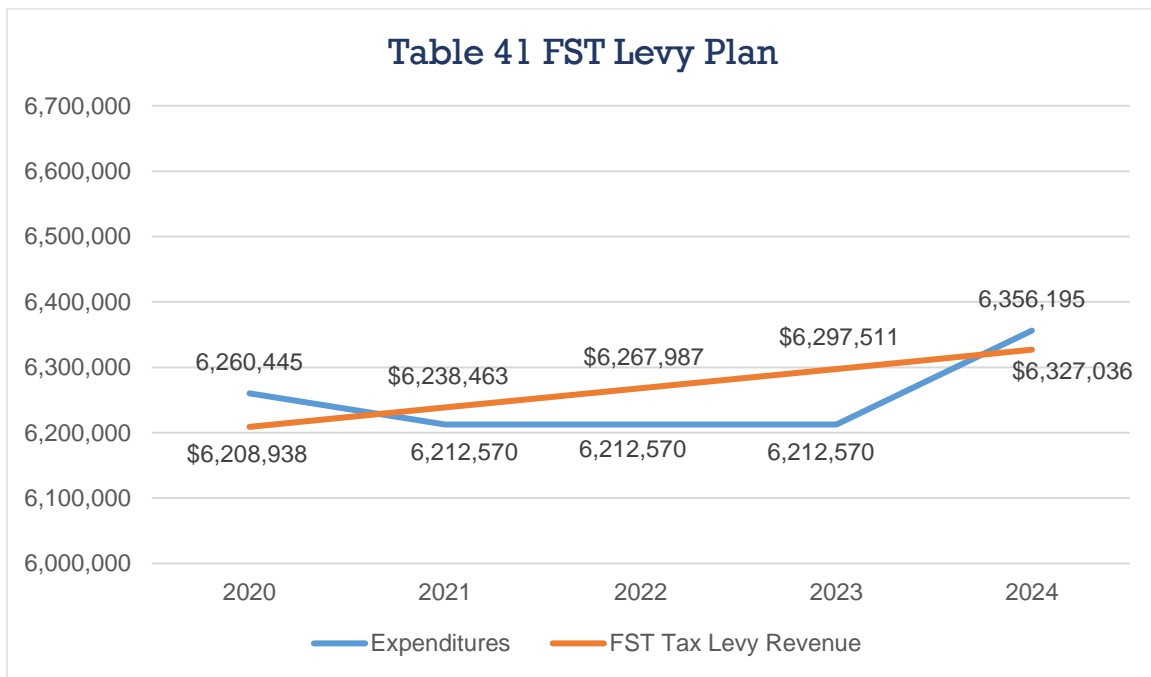


Table 42: FST Levy Plan 2020-2024 – Based on Financial Projections of Actuals

FST Levy Actual	Year 1 2020	Year 2 2021	Year 3 2022	Year 4 2023	Year 5 2024
Beginning Carryover	722,272*	697,671	844,695	963,342	1,053,613
REVENUES					
FST Tax Levy (from auditor millage estimate)	6,208,938	6,238,463	6,267,987	6,297,511	6,327,036
EXPENDITURES	6,233,539	6,091,439	6,149,340	6,207,240	6,365,141
ADAPT/Drug Court*	1,116,028	1,148,433	1,180,838	1,213,244	1,245,649
1617 Reading Rd (Municipal Court)*	2,098,765	2,057,369	2,015,972	1,974,575	1,933,179
Turning Point (w/out 6, 10, 20-Day Program)	711,695	709,103	706,510	703,918	701,325
1617 Reading Rd Security (Sheriff)***	503,075	475,463	447,851	420,238	392,626
ReEntry Services	436,148	485,670	535,193	584,715	634,238
Veterans Treatment Court	127,235	127,469	127,704	127,939	128,173
Sheriff Mental Health Services	634	729	824	920	1,015
Sheriff Administration	317,050	355,363	393,676	431,990	470,303
Municipal Court and Probation Administration	405,226	409,702	414,177	418,653	423,128
PreventionFIRST!	70,277	75,543	80,809	86,075	91,341
Heroin Coalition					
Administrative (BoE costs, TLRC Analyst, A&T fees)	225,000	25,000	25,000	25,000	125,000
6,10,20-Day Program Funds (to be allocated)	222,405	221,595	220,784	219,974	219,164
Ending Carryover	697,671	844,695	963,342	1,053,613	1,015,508

*2020 Beginning Carryover based on budgeted 2019 Ending Carryover in previous levy period, though it is possible this will change because the Ending Carryover at the end of each year in the previous levy period has consistently been more than budgeted.

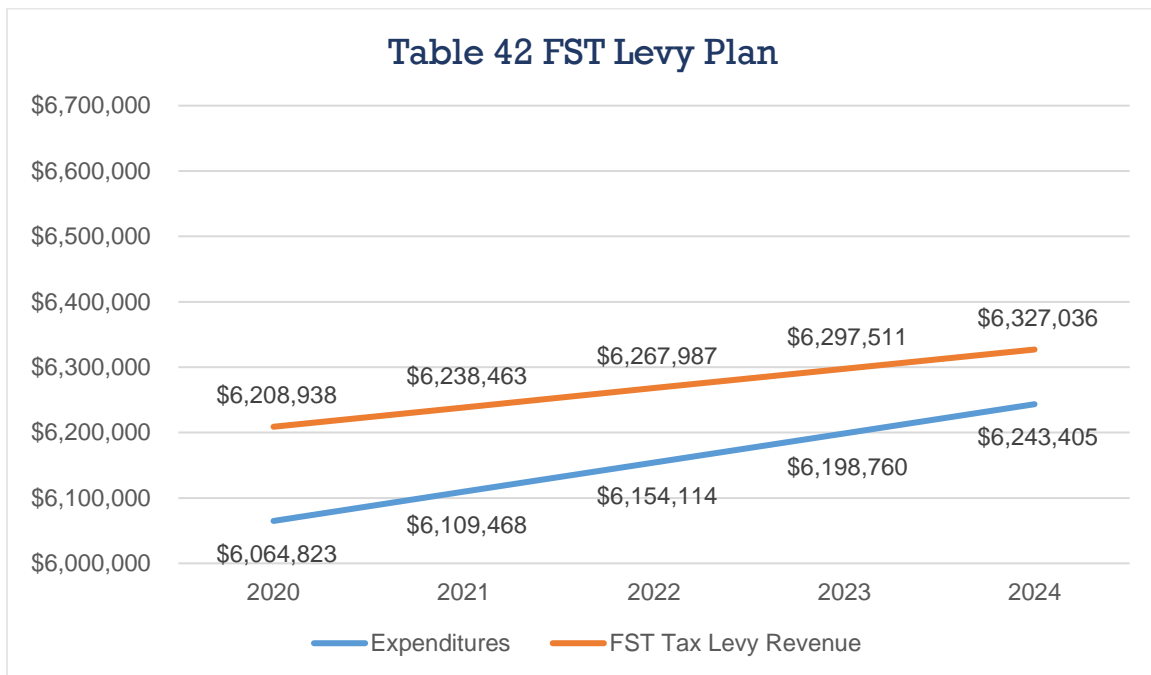
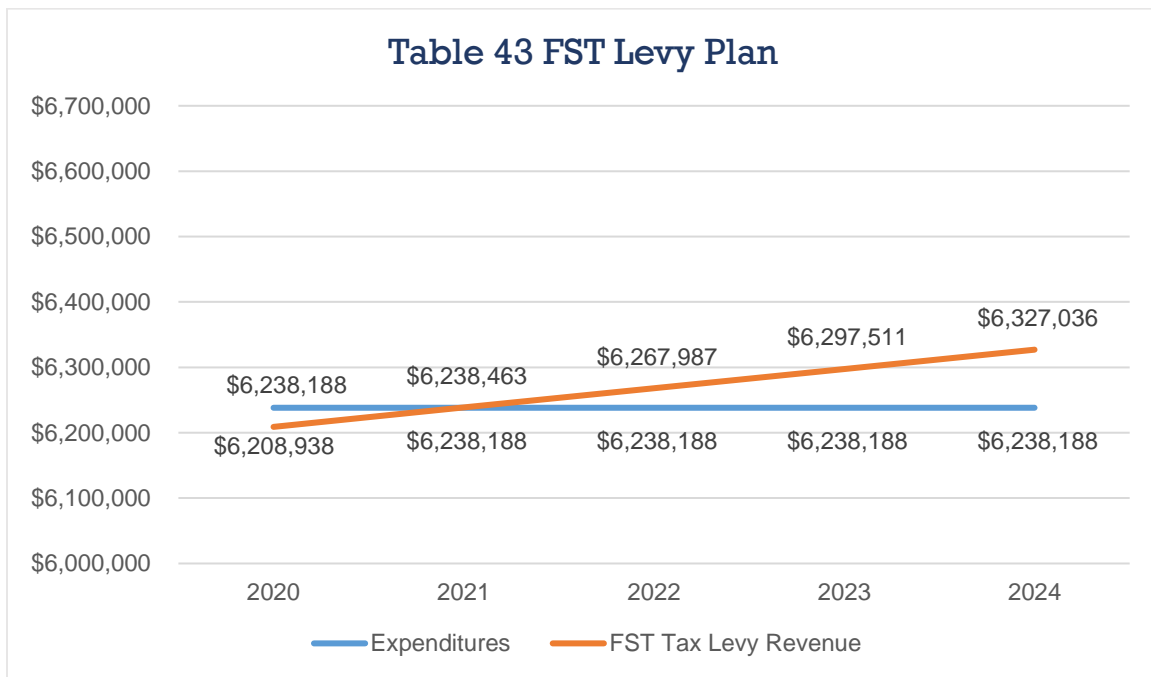


Table 43: FST Levy Plan 2020-2024 – Using Average of Past Actuals

FST Levy Actual	Year 1 2020 Budgeted	Year 2 2021 Budgeted	Year 3 2022 Budgeted	Year 4 2023 Budgeted	Year 5 2024 Budgeted
Beginning Carryover	722,272	693,022	693,297	723,096	782,419
REVENUES					
FST Tax Levy (from auditor millage estimate)	6,208,938	6,238,463	6,267,987	6,297,511	6,327,036
EXPENDITURES	6,238,188	6,238,188	6,238,188	6,238,188	6,238,188
ADAPT/Drug Court*	1,229,819	1,229,819	1,229,819	1,229,819	1,229,819
1617 Reading Rd (Municipal Court)*	2,290,999	2,290,999	2,290,999	2,290,999	2,290,999
Turning Point (w/out 6, 10, 20-Day Program)	696,076	696,076	696,076	696,076	696,076
1617 Reading Rd Security (Sheriff)***	628,689	628,689	628,689	628,689	628,689
ReEntry Services	313,191	313,191	313,191	313,191	313,191
Veterans Treatment Court	120,533	120,533	120,533	120,533	120,533
Sheriff Mental Health Services	256	256	256	256	256
Sheriff Administration	181,830	181,830	181,830	181,830	181,830
Municipal Court and Probation Administration	385,449	385,449	385,449	385,449	385,449
PreventionFIRST!	75,000	75,000	75,000	75,000	75,000
Heroin Coalition					
Administrative (BoE costs, TLRC Analyst, A&T fees)	98,822	98,822	98,822	98,822	98,822
6,10,20-Day Program Funds (to be allocated)	217,524	217,524	217,524	217,524	217,524
Ending Carryover	693,022	693,297	723,096	782,419	871,267

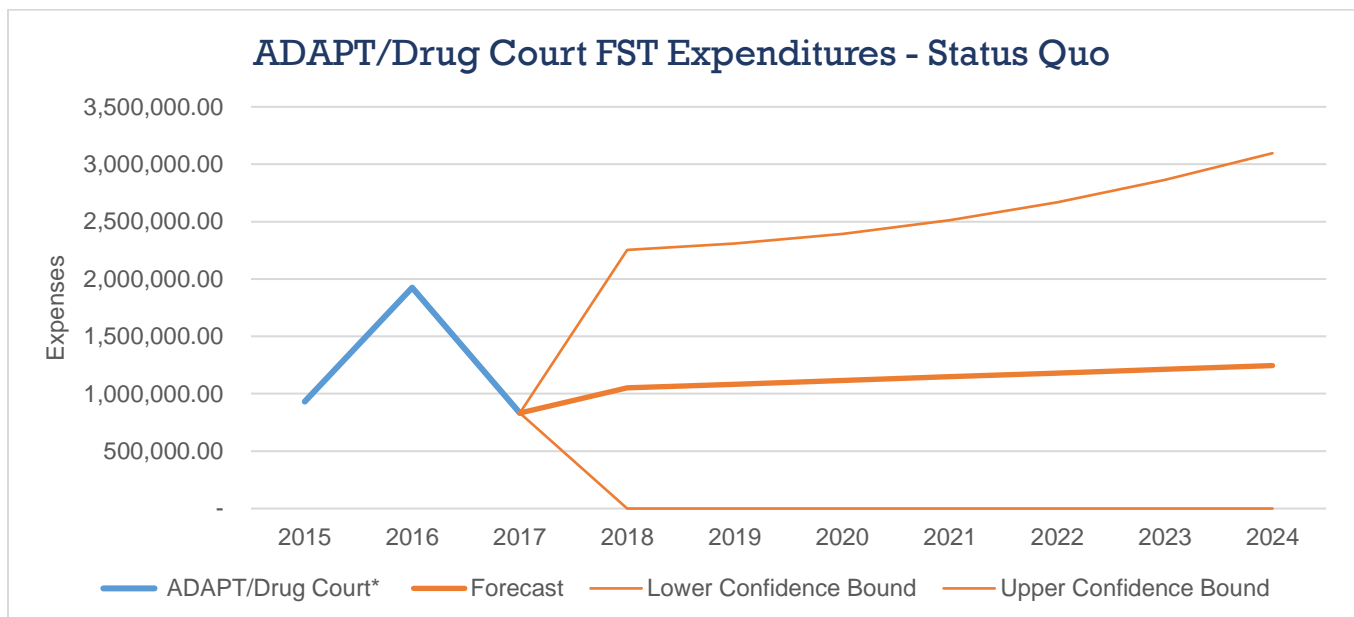


A. Hamilton County Drug Court/ADAPT – Hamilton County Mental Health and Recovery Services Board

Levy-funded expenditures in the Hamilton County Drug Court/ADAPT have dropped so precipitously over the previous levy period that if the trend continued, the lower bound of expenditures would reach less than \$0.00 within the next year. This can be seen in Table 39 as 66 percent of planned funds spent in 2017 and 49 percent in 2018. However, the low 2018 ADAPT expenditures are due in part to the outstanding invoices that are still listed as encumbrances, the bulk of which come from Talbert House contracts. Also, assuming zero dollars spent will never be the case, PCG held the lower bound at \$0.00 dollars and based the projections on the 2015 to 2017 actuals, which include all encumbrances and final invoices. If the current trend continues, the projected levy-funded expenses for the ADAPT/Drug Court Program in 2024 is \$1,245,649 with the upper range of spending at \$3.1M.

Table 44: ADAPT/Drug Court FST Financial Projection 2019 - 2024

Timeline	Expenditures (Total)	Forecast	Lower Confidence Bound	Upper Confidence Bound
2015	\$932,631.88			
2016	\$1,924,690.31			
2017	\$832,134.71	\$832,134.71	\$ 832,134.71	\$832,134.71
2018	\$614,535.25	\$1,051,217.22	\$-	\$614,535.25
2019		\$1,083,622.53	\$-	\$2,309,790.07
2020		\$1,116,027.85	\$-	\$2,393,492.73
2021		\$1,148,433.17	\$-	\$2,512,197.47
2022		\$1,180,838.49	\$-	\$2,669,342.83
2023		\$1,213,243.81	\$-	\$2,864,801.11
2024		\$1,245,649.13	\$-	\$3,096,106.06

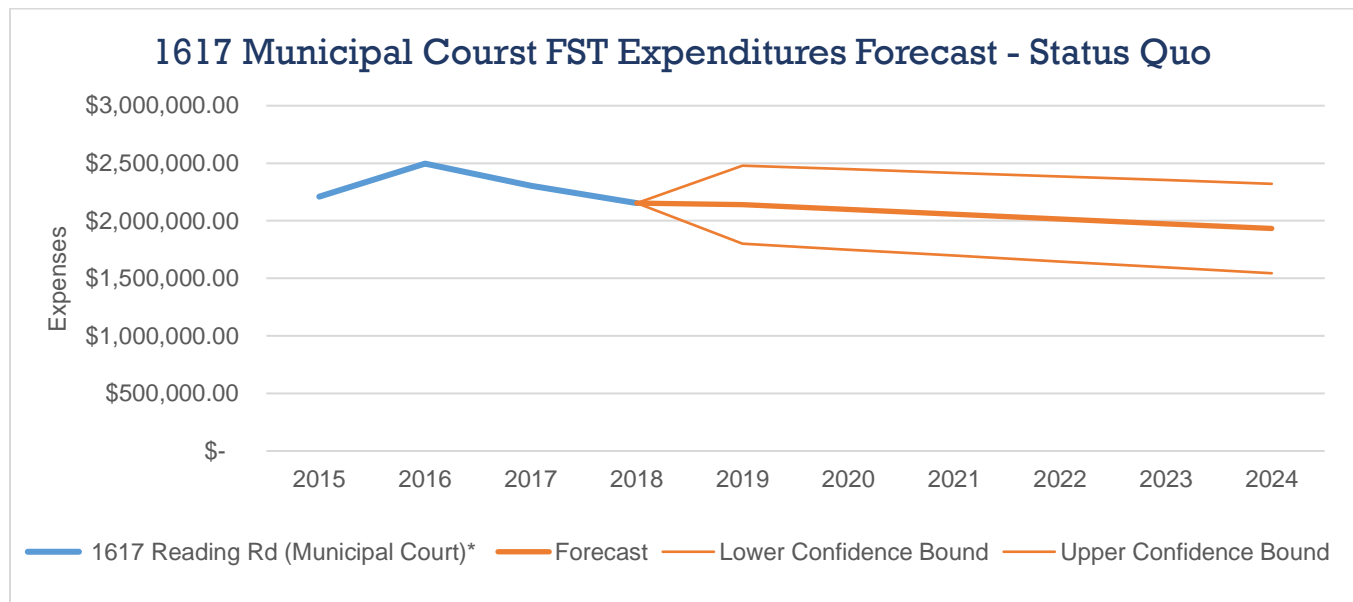


B. 1617 Reading Road Jail-Based Treatment Programs: Extended Treatment for Men and Rewards Jail Intervention Program for Women – Hamilton County Municipal Court

The 1617 Reading Road Jail-based Treatment Program expenditures have been holding fairly steady from 2015 to 2018, with only a slight decline overall and an average of 95 percent of their planned levy funding actually spent (Table 39). In 2018, the program had \$2.2M in expenditures, while in 2024, if the status quo is held, they are projected to expend \$1.9M with a range between \$1.5M and \$2.3M.

Table 45: 1617 Reading Road FST Financial Projection 2019 - 2024

Timeline	Expenditures (Total)	Forecast	Lower Confidence Bound	Upper Confidence Bound
2015	\$2,208,914.84			
2016	\$2,496,780.00			
2017	\$2,304,720.00			
2018	\$2,153,580.00	\$2,153,580.00	\$2,153,580.00	\$2,153,580.00
2019		\$2,140,162.07	\$1,801,536.83	\$2,478,787.31
2020		\$2,098,765.38	\$1,749,636.19	\$2,447,894.58
2021		\$2,057,368.69	\$1,697,962.22	\$2,416,775.16
2022		\$2,015,972.00	\$1,646,495.71	\$2,385,448.30
2023		\$1,974,575.32	\$1,595,219.82	\$2,353,930.82
2024		\$1,933,178.63	\$1,544,119.74	\$2,322,237.52



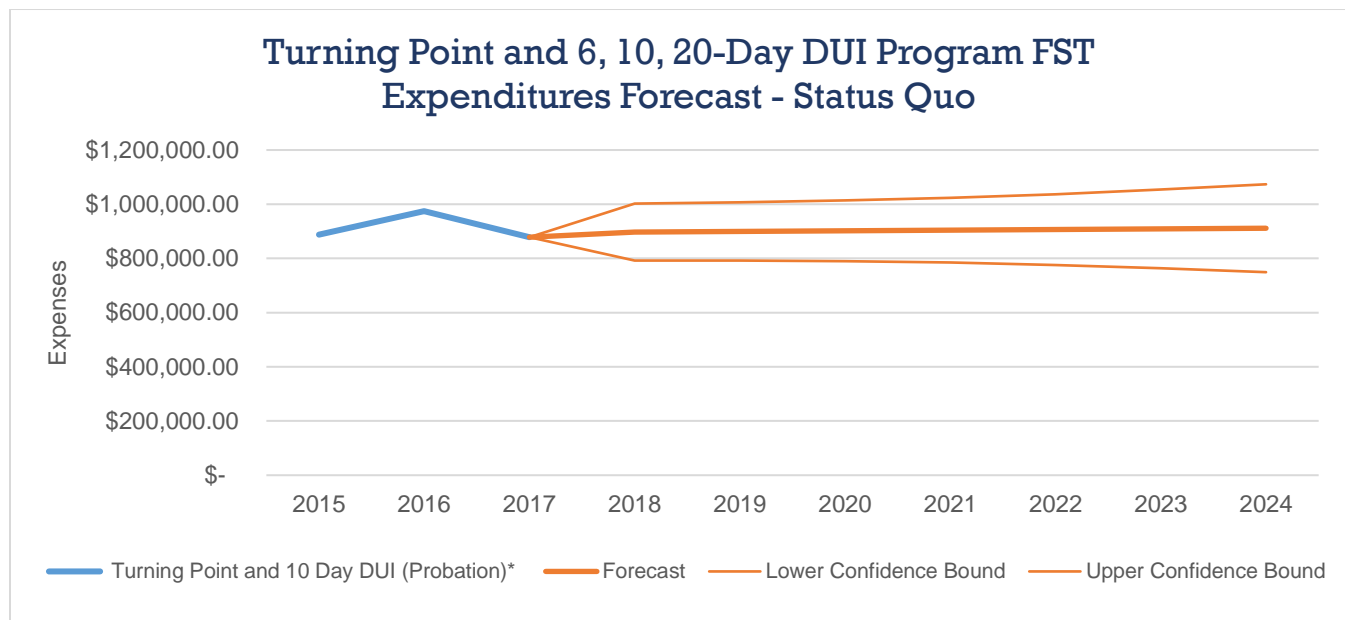
C. Turning Point and 6-, 10-, 20-Day DUI Program – Hamilton County Probation Department

The Turning Point and 6-, 10-, and 20-Day DUI Programs have shown an overall decline over the past four years, and in 2018 had expenditures of \$671,454. This amounts for only 68 percent of what the planned levy funding was for Turning Point in 2018, though a portion of the overall remaining encumbrances are due to outstanding invoices from Talbert House contracts. On average, Turning Point has spent 87 percent of their planned funds (Table 39).

Based on the trend from 2015 to 2017 (excluding 2018 because of the encumbrances), the forecast for 2024 projects expenditures to hold relatively steady, and for the program to expend \$911,409 with a range of \$749,213 and \$1,073,604.

Table 46: Turning Point and 6, 10, 20-Day DUI Program FST Financial Projection 2019 - 2024

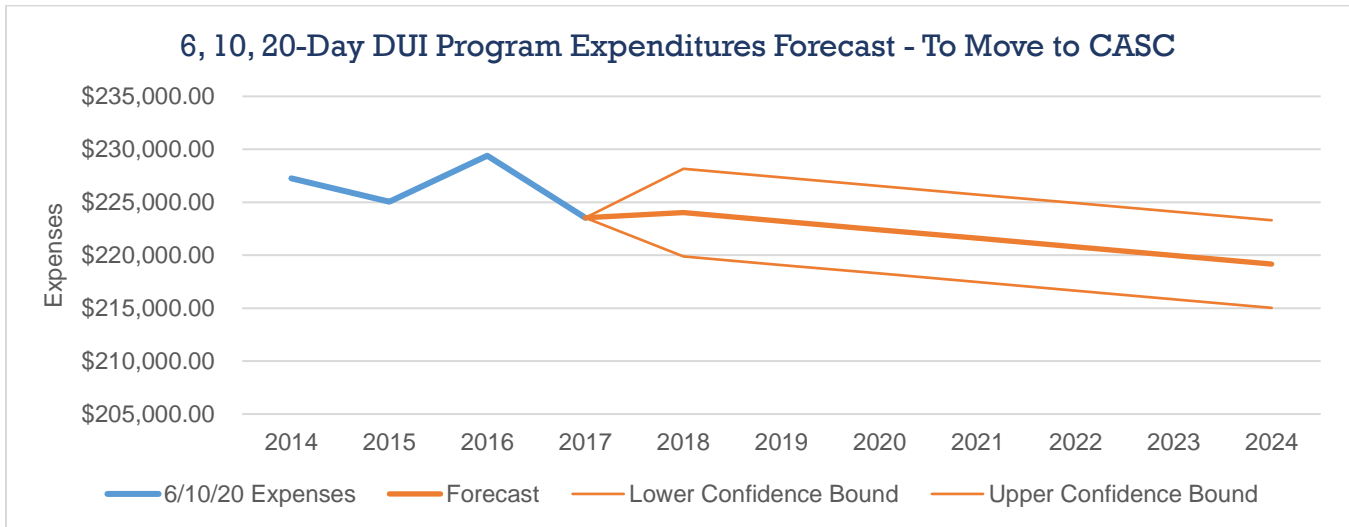
Timeline	Expenditures (Total)	Forecast	Lower Confidence Bound	Upper Confidence Bound
2015	\$887,998.82			
2016	\$974,506.72			
2017	\$878,295.28	\$878,295.28	\$878,295.28	\$878,295.28
2018	\$671,453.86	\$897,050.76	\$791,642.33	\$1,002,459.18
2019		\$899,443.72	\$791,968.42	\$1,006,919.02
2020		\$901,836.68	\$789,865.09	\$1,013,808.26
2021		\$904,229.64	\$784,693.79	\$1,023,765.49
2022		\$906,622.60	\$776,153.11	\$1,037,092.09
2023		\$909,015.56	\$764,254.25	\$1,053,776.87
2024		\$911,408.52	\$749,213.38	\$1,073,603.66



However, the 6-, 10-, and 20-Day DUI Program will be moving to the Community Alternative Sentencing Center (CASC), which will change the financial projections for the Turning Point Program. Unfortunately, Talbert House does not separate expenses between Turning Point and the 6-, 10-, 20-Day DUI programs and keeps all expenses for these programs within the same cost center. In order to estimate a portion of the expenses, a proxy needs to be used. Currently, the 6, 10, 20 program holds 10 out of the 42 beds at Turning Point, which accounts for 24 percent of the bed space. Using this bed count as a proxy, and assuming all beds are equal, this amounts to approximately \$223,528 in expenses for the 6-, 10-, 20-Day DUI Programs in 2017 (did not use 2018 actuals because of encumbrances) that will be funded through the Community Alternative Sentencing Center (CASC) and freed up within the FST Levy. The range of expenses in 2024 that will be available through the levy once these programs move to the CASC runs from \$215,027 to \$223,300.

Table 47: 6, 10, 20 FST Financial Projection 2019 – 2024 – Expenses to Move to CASC

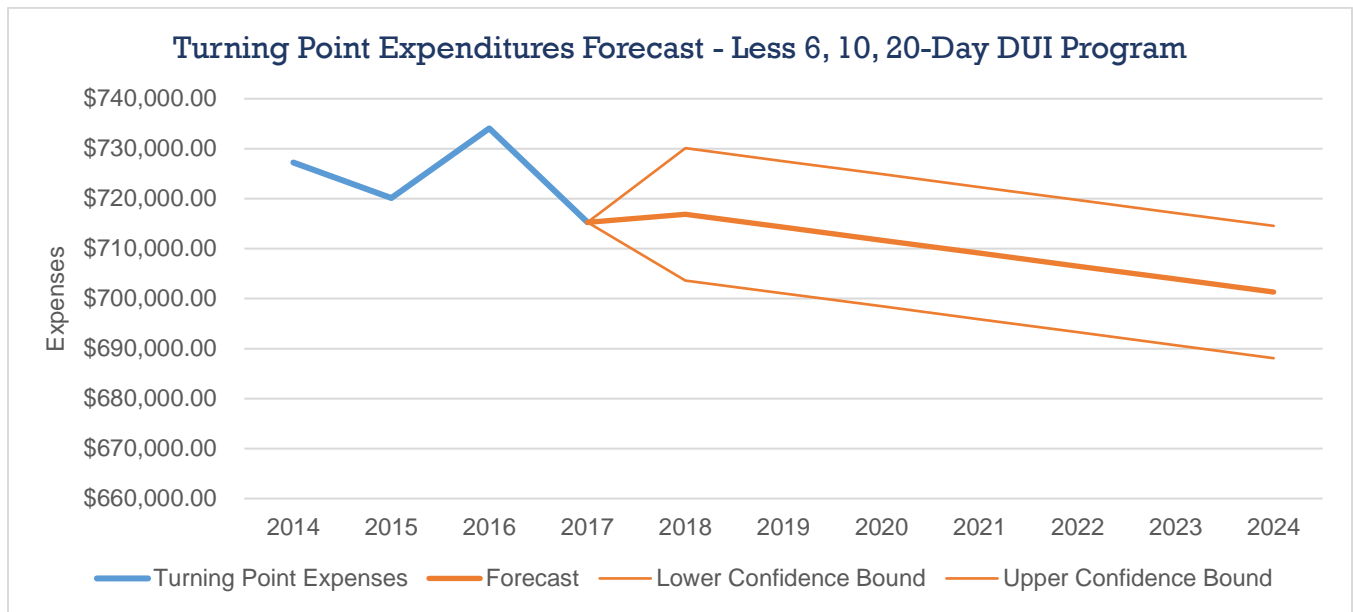
Timeline	Expenditures (Total)	Forecast	Lower Confidence Bound	Upper Confidence Bound
2014	\$227,265.95			
2015	\$225,043.81			
2016	\$229,395.00			
2017	\$223,528.33	\$223,528.33	\$223,528.33	\$223,528.33
2018		\$224,025.13	\$219,889.29	\$228,160.97
2019		\$223,214.95	\$219,079.09	\$227,350.81
2020		\$222,404.77	\$218,268.87	\$226,540.66
2021		\$221,594.59	\$217,458.64	\$225,730.53
2022		\$220,784.40	\$216,648.39	\$224,920.42
2023		\$219,974.22	\$215,838.10	\$224,110.34
2024		\$219,164.04	\$215,027.79	\$223,300.30



This leaves Turning Point's expenses in 2018 as \$716,880, with still an overall decline over the period to a range of \$688,089 to \$714,561 in 2024.

Table 48: Turning Point FST Financial Projection 2019 – 2024 – Less 6, 10, 20-Day DUI Program Expenses

Timeline	Expenditures (Total)	Forecast	Lower Confidence Bound	Upper Confidence Bound
2014	\$727,251.05			
2015	\$720,140.19			
2016	\$734,064.00			
2017	\$715,290.67	\$715,290.67	\$715,290.67	\$715,290.67
2018		\$716,880.41	\$703,645.72	\$730,115.10
2019		\$714,287.83	\$701,053.08	\$727,522.58
2020		\$711,695.25	\$698,460.40	\$724,930.11
2021		\$709,102.67	\$695,867.65	\$722,337.69
2022		\$706,510.09	\$693,274.84	\$719,745.35
2023		\$703,917.52	\$690,681.93	\$717,153.10
2024		\$701,324.94	\$688,088.93	\$714,560.95

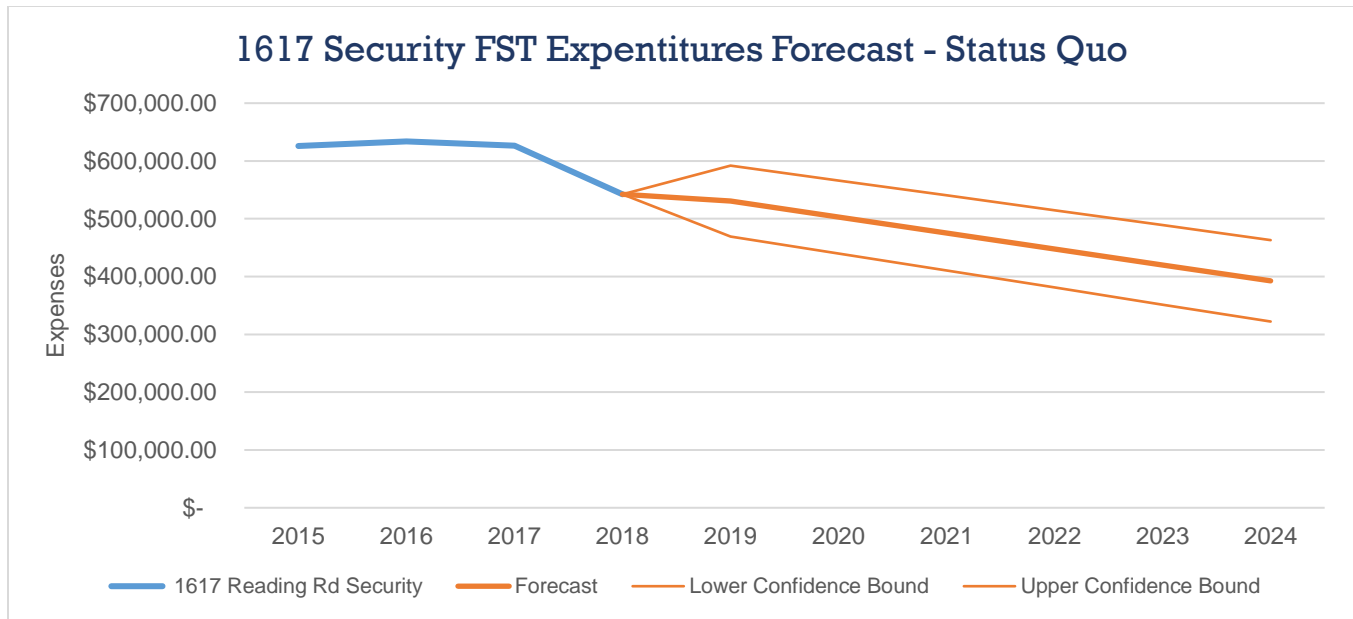


D. 1617 Reading Road Security – Hamilton County Sheriff’s Office

The 1617 Reading Road Security expenditures, like many of the FST Levy programs, have been in a slight decline over the 2015 to 2018 time period. Overall, the 1617 Reading Road Security Program has spent an average of 95 percent of the planned Levy funding (Table 39). In 2018, the total expenditures of the program were \$542,369, and based on the trend from 2015 to 2018, in 2024 the total expenditures are projected to be \$392,626 with a range of \$322,209 and \$463,043.

Table 49: 1617 Reading Road Security FST Financial Projection 2019 - 2024

Timeline	Expenditures (Total)	Forecast	Lower Confidence Bound	Upper Confidence Bound
2015	\$625,903.58			
2016	\$633,855.82			
2017	\$626,307.20			
2018	\$542,369.36	\$542,369.36	\$542,369.36	\$542,369.36
2019		\$530,687.37	\$469,398.26	\$591,976.49
2020		\$503,075.09	\$439,884.82	\$566,265.35
2021		\$475,462.80	\$410,412.41	\$540,513.19
2022		\$447,850.51	\$380,977.54	\$514,723.48
2023		\$420,238.23	\$351,577.18	\$488,899.27
2024		\$392,625.94	\$322,208.64	\$463,043.24

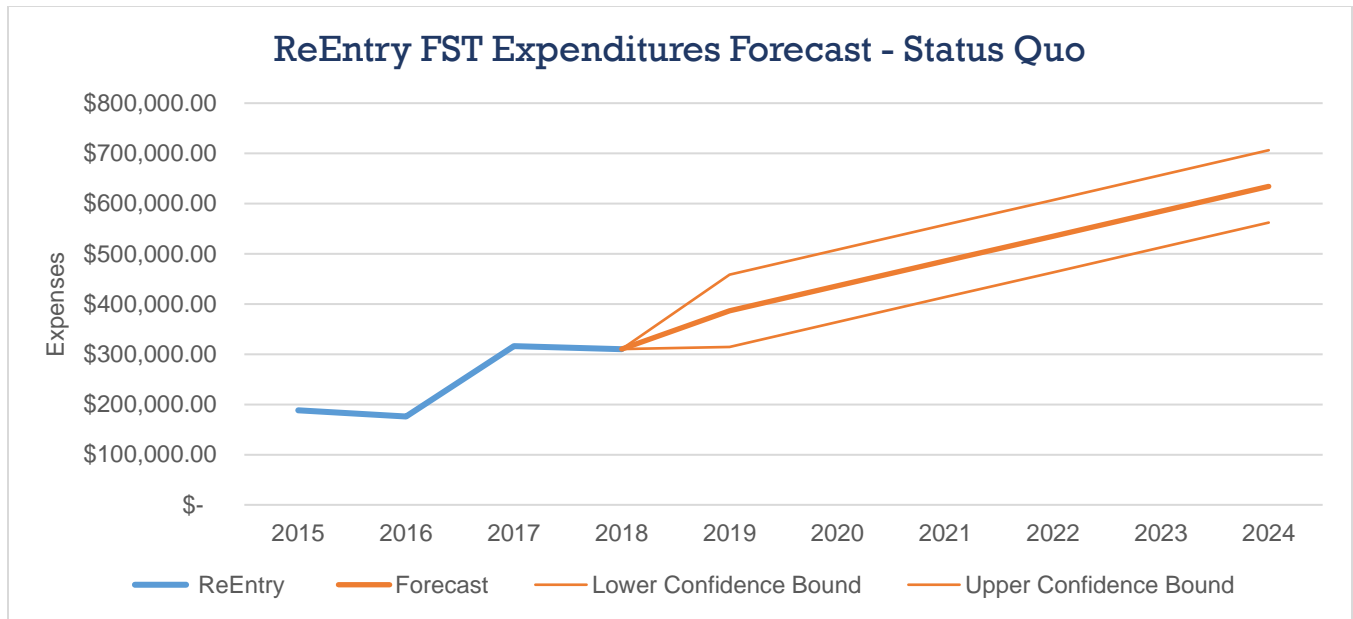


E. Reentry Services – Hamilton County Office of Reentry

Reentry Services is one of the few levy-funded programs with expenses on the rise, and each year since 2017 they have spent more than was initially budgeted in the Levy Plan (Table 39). This is a relatively new program, and in 2018 the total expenditures through levy funds were \$310,281. Based on this and the trend from 2015 to 2018, the 2024 projected expenses are \$634,238 with a range of \$562,171 to \$706,305. However, should we assume the program has completed its growth and that they will now plateau at their 2019 level, this would leave the HCOR with a budget of just under \$400,000.

Table 50: Reentry Services FST Financial Projection 2019 2024 (assumes continued growth)

Timeline	Expenditures (Total)	Forecast	Lower Confidence Bound	Upper Confidence Bound
2015	\$188,571.00			
2016	\$175,946.78			
2017	\$316,102.01			
2018	\$310,280.87	\$310,280.87	\$310,280.87	\$310,280.87
2019		\$386,625.47	\$314,563.49	\$458,687.46
2020		\$436,147.92	\$364,085.61	\$508,210.24
2021		\$485,670.38	\$413,607.49	\$557,733.26
2022		\$535,192.83	\$463,129.04	\$607,256.62
2023		\$584,715.28	\$512,650.19	\$656,780.36
2024		\$634,237.73	\$562,170.88	\$706,304.58

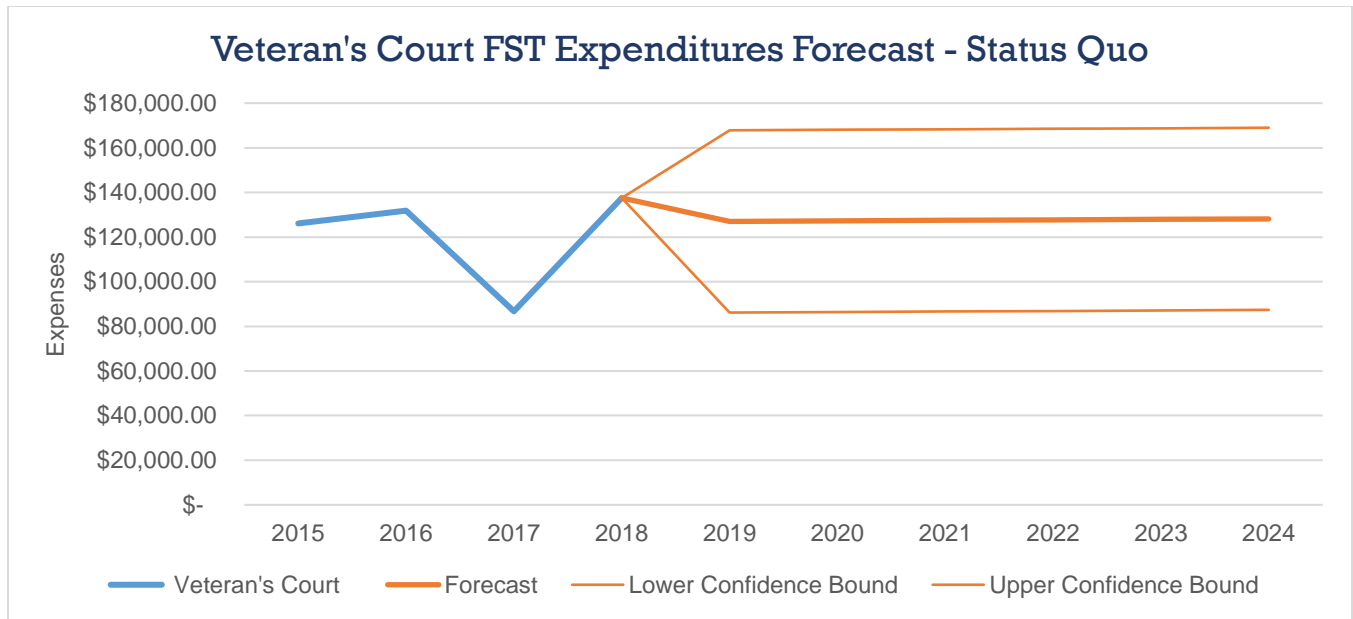


F. Veterans Treatment Court – Hamilton County Municipal and Common Pleas Court, Department of Pretrial and Community Intervention Services

The Veteran's Court FST expenditures have overall held steady from 2015 to 2018, though there was variation between the years. Additionally, the Veteran's Treatment Court consistently spends less than was budgeted in the Levy Plan (Table 39). In 2018, the total expenditures were \$137,524. The projected expenditures in 2024 (based on the trend from 2015 to 2018) are \$128,173 with a range from \$87,345 to \$1689,002.

Table 51: Veteran's Court FST Financial Projection 2019 - 2024

Timeline	Expenditures (Total)	Forecast	Lower Confidence Bound	Upper Confidence Bound
2015	\$126,067.22			
2016	\$131,806.47			
2017	\$86,734.58			
2018	\$137,524.17	\$137,524.17	\$137,524.17	\$137,524.17
2019		\$127,000.29	\$86,174.81	\$167,825.77
2020		\$127,234.88	\$86,409.22	\$168,060.55
2021		\$127,469.48	\$86,643.49	\$168,295.47
2022		\$127,704.07	\$86,877.57	\$168,530.57
2023		\$127,938.66	\$87,111.43	\$168,765.90
2024		\$128,173.26	\$87,345.02	\$169,001.49

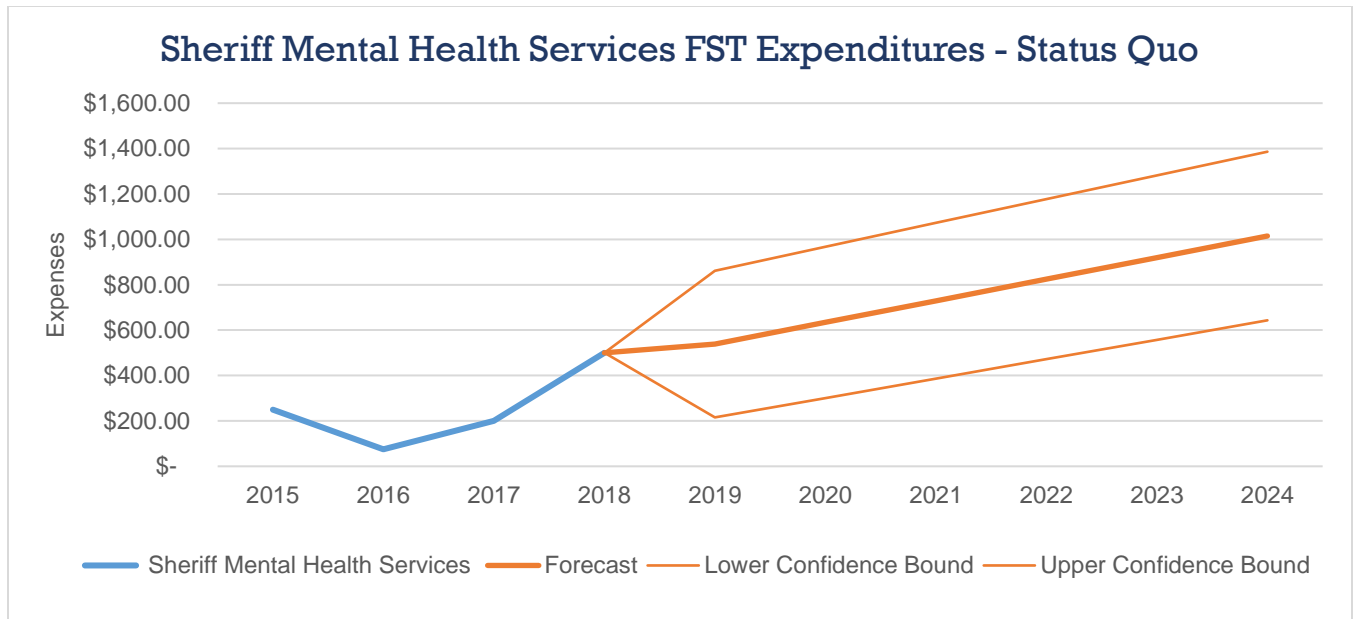


G. Sheriff's Mental Health Services – Hamilton County Sheriff's Office

While the Sheriff's Mental Health Services expenditures represent the smallest portion of the levy actuals, and indeed was not included as a portion of the allocated levy funds in the Levy Plan, it does show an overall upward trend based on the 2015 to 2018 expenses. In 2024 the projected expenses for this portion of the budget are \$1,015, with a range between \$643 and \$1,386.

Table 52: Sheriff's Mental Health Services FST Financial Projection 2019 - 2024

Timeline	Expenditures (Total)	Forecast	Lower Confidence Bound	Upper Confidence Bound
2015	\$250.00			
2016	\$75.00			
2017	\$200.00			
2018	\$500.00	\$500.00	\$500.00	\$500.00
2019		\$538.89	\$215.64	\$862.15
2020		\$634.06	\$300.78	\$967.34
2021		\$729.23	\$386.13	\$1,072.32
2022		\$824.39	\$471.69	\$1,177.10
2023		\$919.56	\$557.42	\$1,281.70
2024		\$1,014.73	\$643.33	\$1,386.13

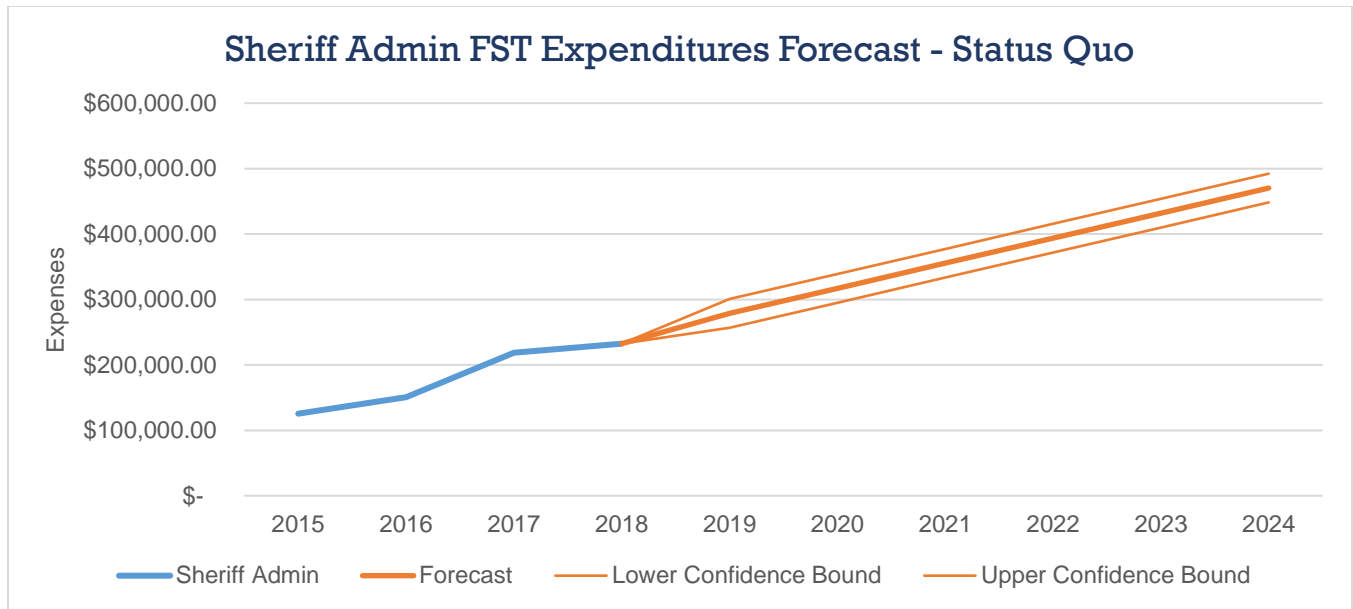


H. Sheriff's Treatment Administration – Hamilton County Sheriff's Office

The Sheriff's Treatment Administration is another levy-funded program with expenditures trending upwards. This program has consistently spent more than was budgeted in the Levy Plan so that on average, they spent 164% more than was budgeted for them in the Levy Plan. In 2017 and 2018 alone they spent about 200 percent more than was allocated to them in the Levy Plan (Table 39). In 2018, the total expenditures were \$232,472. In 2024, the expenditures are projected at \$470,303 with a range of \$448,342 to \$492,264.

Table 53: Sheriff's Treatment Administration FST Financial Projection 2019 - 20243

Timeline	Expenditures (Total)	Forecast	Lower Confidence Bound	Upper Confidence Bound
2015	\$125,488.90			
2016	\$150,832.29			
2017	\$218,527.10			
2018	\$232,472.23	\$232,472.23	\$232,472.23	\$232,472.23
2019		\$278,736.78	\$256,776.89	\$300,696.67
2020		\$317,050.00	\$295,090.01	\$339,009.99
2021		\$355,363.22	\$333,403.05	\$377,323.39
2022		\$393,676.44	\$371,716.00	\$415,636.89
2023		\$431,989.67	\$410,028.83	\$453,950.50
2024		\$470,302.89	\$448,341.51	\$492,264.26

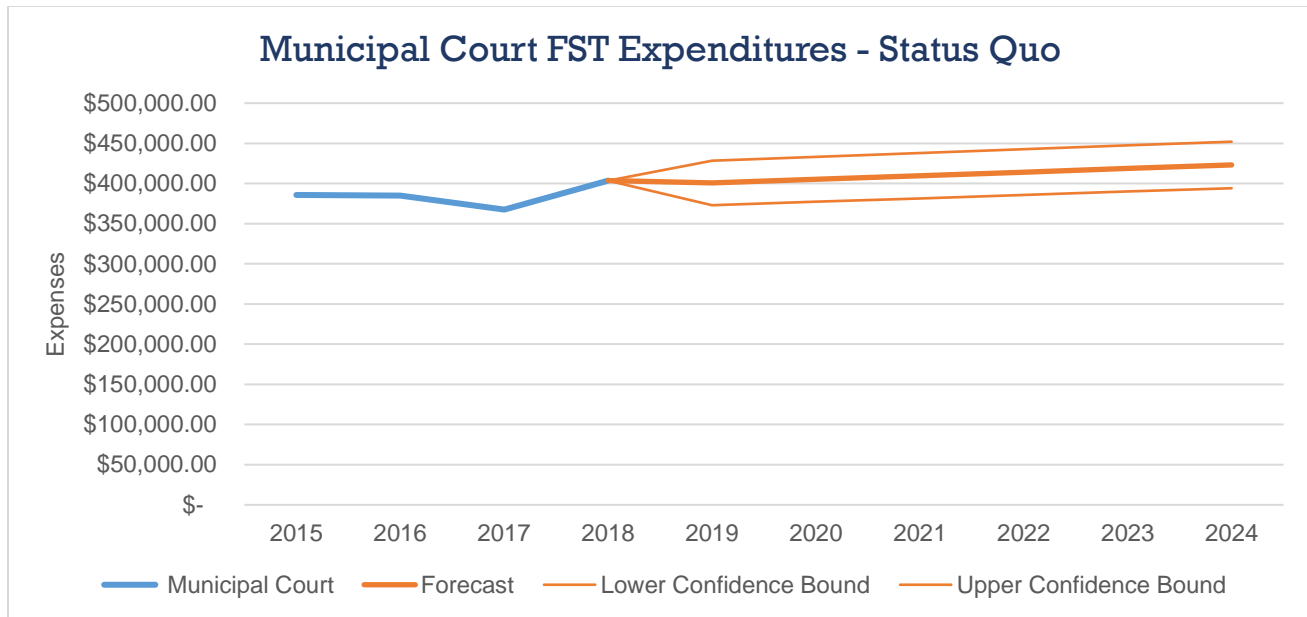


I. Municipal Court and Probation Administration – Hamilton County Municipal Court

The Municipal Court expenditures have held relatively steady over the 2015 to 2018 period, with just a slight upward trend. On average, the Municipal Court and Probation Administration has spent 101 percent of what was initially allocated for it in the Levy Plan. In 2018, the total expenditures were \$403,552. In 2024, they are projected to be \$423,129 with a low-end range of \$394,206 and a high range of \$452,051.

Table 54: Municipal Court FST Financial Projection 2019 - 2024

Timeline	Expenditures (Total)	Forecast	Lower Confidence Bound	Upper Confidence Bound
2015	\$385,790.84			
2016	\$384,913.30			
2017	\$367,538.19			
2018	\$403,551.93	\$403,551.93	\$403,551.93	\$403,551.93
2019		\$400,750.64	\$372,961.66	\$428,539.62
2020		\$405,226.21	\$377,214.02	\$433,238.39
2021		\$409,701.77	\$381,464.66	\$437,938.88
2022		\$414,177.33	\$385,713.58	\$442,641.09
2023		\$418,652.90	\$389,960.81	\$447,344.99
2024		\$423,128.46	\$394,206.36	\$452,050.57



J. PreventionFIRST! – Hamilton County Mental Health and Recovery Services Board

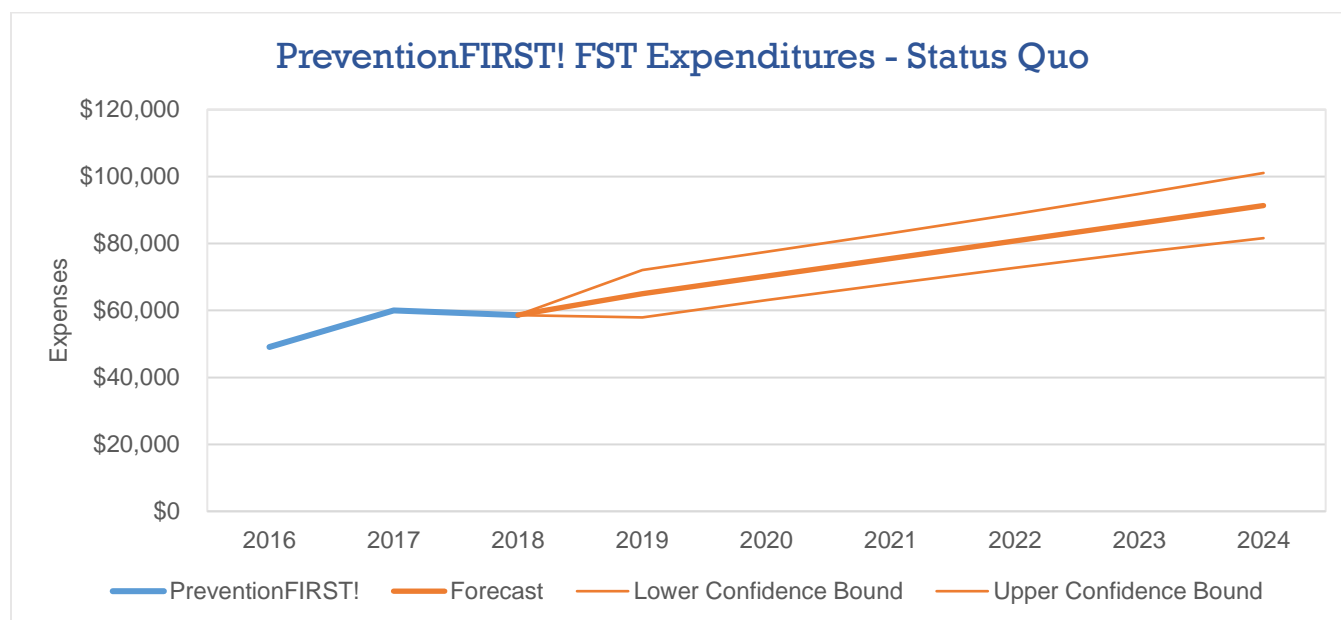
PreventionFIRST!'s expenditures through the levy funds have trended downwards over the past four years, though this is due in large part to higher spending in 2015 than was initially allocated in the Levy Plan followed by a lower-than-budgeted year in 2016, which make the forecast trend misleading when calculated based on 2015 to 2018. Using 2016 to 2018 for the projections gives a more accurate picture of PreventionFIRST!'s FST levy fund usage. On average, PreventionFIRST! has spent 107 percent of the funds initially allocated to them each year in the Levy Plan, though the past two years, 2017 and 2018, they have spent 103 percent and 101 percent of their budgeted funds, respectively (Table 39). Should this expenditures trend continue, the expenditures in 2024 are projected to be \$91,341. In 2024 the high range of the projected expenditures is \$101,073. In 2024, the low range of the projected expenditures is \$81,609. It is important to note, however, that the portion of funds allocated to PreventionFIRST! during this five-year levy period have declined since the Tax Levy in 2009, and thus PreventionFIRST! has had to make cuts to their spending through this funding stream. This likely contributes to the higher-than-allocated expenses in 2015, followed by lower-than-allocated expenses in 2016, followed by two years of essentially breaking even in 2017 and 2018 (Table 39).

Table 55: PreventionFIRST! FST Financial Projection 2019 – 2024*

Timeline	Expenditures (Total)	Forecast	Lower Confidence Bound	Upper Confidence Bound
2015	\$82,341.00^			
2016	\$49,087.00			
2017	\$60,008.00			
2018	\$58,645.00	\$58,645.00	\$58,645.00	\$58,645.00
2019		\$65,011.09	\$57,924.61	\$72,097.57
2020		\$70,277.14	\$63,051.71	\$77,502.58
2021		\$75,543.20	\$68,015.48	\$83,070.91
2022		\$80,809.25	\$72,773.00	\$88,845.50
2023		\$86,075.30	\$77,304.00	\$94,846.61
2024		\$91,341.36	\$81,609.23	\$101,073.49

^2015 expenditures not included in the forecasting due to necessary adjustment period.

**Total expenditures variations attributed to differences between fiscal year accounting (2015 HCMHRSB moved to calendar year & PreventionFirst! received 1.5 times our annual amount) and calendar year accounting and when the dollars may have been spent (i.e. if more is spent in December or June and therefore received in next FY or CY).*



K. Hamilton County Heroin Coalition (HCHC)

The HCHC received a one-time allocation of \$500,000 in FST levy funding in 2017. Therefore, no projection can be determined.

VI. SUMMARY OF PRINCIPAL OBSERVATIONS AND RECOMMENDATIONS

The recommendations below are intended to inform the Hamilton County Board of Commissioners and the Tax Levy Review Committee of ways to enhance the current business processes of the FST levy, provide best practice treatment services, and efficiently utilize taxpayer dollars to serve individuals through the Hamilton County justice system.

RECOMMENDATION 1: MAXIMIZE FEDERAL REVENUE OPPORTUNITIES

Ohio Department of Public Safety, Office of Criminal Justice Services (OCJS)

The Ohio Department of Public Safety, Office of Criminal Justice Services (OCJS) administers millions of dollars in state and federal criminal justice funding each year. PCG recommends that Hamilton County criminal justice agencies apply for the below federal funding, through OCJS to support programming.

Edward Byrne Memorial Justice Assistance Grant (JAG) Program

The Bureau of Justice Assistance, Office of Justice Programs Edward Byrne Memorial Justice Assistance Grant (JAG) Program provides federal funding to state and local jurisdictions to support a range of criminal justice program areas, including:

- Law enforcement programs
- Prosecution and court programs
- Prevention and education programs
- Corrections and community corrections programs
- Drug treatment and enforcement programs
- Planning, evaluation, and technology improvement programs
- Crime victim and witness programs (other than compensation)
- Mental health programs and related law enforcement and corrections programs, including behavioral programs and crisis intervention teams.

Residential Substance Abuse Treatment Program for State Prisoners (RSAT)

The Bureau of Justice Assistance, Office of Justice Programs Residential Substance Abuse Treatment (RSAT) for State Prisoners Program assists states, local, and tribal governments in the development and implementation of substance abuse treatment programs in state, local, and tribal correctional and detention facilities. The purpose for the RSAT for State Prisoners Program is to break the cycle of drug addiction and violence by reducing the demand for, use, and trafficking of illegal drugs. RSAT's objectives are to enhance the capabilities of states and units of local and tribal governments to provide residential substance abuse treatment for incarcerated inmates; prepare inmates for their reintegration into a community by incorporating reentry planning activities into treatment programs; and assist these offenders and their communities through the reentry process by delivering community-based treatment and other broad-based aftercare services.⁵² OCJS has been directed by Governor Mike DeWine to administer RSAT funds in Ohio.

Funding is available for residential (prison) substance abuse treatment of jail-based substance abuse treatment programs. The 2017 federal allocation to the state of Ohio was \$423,016. Program requirements for jail-based substance abuse treatment funded by an RSAT grant include:

⁵² Office of Justice Programs. (2019). Bureau of Justice Assistance. Residential Treatment Program for State Prisoners (RSAT). https://www.bja.gov/ProgramDetails.aspx?Program_ID=379

- Engage participants for at least three months.
- Focus on the inmate's substance use diagnosis and addiction-related needs.
- Develop the inmate's cognitive, behavioral, social, vocational, and other skills to solve the substance use and related problems.
- Require urinalysis and/or other proven reliable forms of drug and alcohol testing for program participants, including both periodic and random testing, and for former participants while they remain in the custody of the state or local government.
- Prepare participants for successful community reintegration, including post-release referral to appropriate evidence-based aftercare treatment and service providers that support the use of medication-assisted treatment.

The project must provide aftercare services, which involve coordination between the correctional treatment program and other social service and rehabilitation programs. To be considered an aftercare program, the head of the substance abuse treatment program must work in conjunction with state and local authorities and organizations involved in substance abuse treatment to assist in the placement of program participants into community substance abuse treatment facilities on release.

OCJS releases an annual RSAT solicitation and application. Agencies may apply for 12 months of funding, operating from October 1 through September 30. Applications for 2019 were due on April 1, 2019.

RECOMMENDATION 2: REQUIRE DETAILED BUDGETS, EXPENDITURE TRACKING, AND TIMELY INVOICES

For the upcoming FST levy cycle, the TLRC required each agency requesting levy funding to complete a request form which included the requesting agency, priority population, individuals served, operating budget requested and several other variables. PCG recommends the TLRC further require each agency to submit a detailed budget which outlines each line item to be funded. For instance, personnel/fringe, operating expenses, training/travel, contractual, etc. line items should be completed for the TLRC to best understand how the funds will be spent.

Additionally, PCG recommends each program not co-mingle funds and track FST levy expenditures separately from other sources of funding. In some instances, FST levy funds were not tracked separately from other expenditures, which complicated the financial analysis.

PCG further recommends that each program be required to submit timely invoices to assure FST levy funds have been encumbered and spent accordingly. For example, invoices should be submitted within 90 days following the end of the calendar year. This will make tracking and projecting expenses more accurate in the future.

RECOMMENDATION 3: STREAMLINE CONTRACTING PROCESSES AND PAYMENT STRUCTURES

FST Levy program funding is either allocated by the Hamilton County Board of Commissioners on behalf of a Hamilton County government agency or through a contract with the Hamilton County Mental Health and Recovery Services Board. Because of the differing contractual parties, the contractual obligations are inconsistent, including reporting requirements and other contractual obligations. PCG recommends contracts, including reporting requirements, staffing requirements and the use of evidence-based practices (EBPs) are executed in a consistent manner amongst all issuing agencies. Below are two potential options for consideration.

- **Option 1: Contractual Entities Remain the Same with Increased Oversight and Accountability**
 - Contractual entities would remain the same. For example, the 1617 Reading Road and Turning Point programs would contract with the Hamilton County Municipal and Common Pleas Courts and the ADAPT and PreventionFIRST! programs would contract with the MHR SB.
 - Reporting requirements including program data and outcomes would be specific for each contract in order for each program to submit data to the contractual entity on a consistent basis for review and alignment to contract goals.
 - Reporting requirements for 1617 Reading Road and Turning Point would be consistent as there are currently no contractual reporting requirements for Turning Point.
 - Staffing requirements would be included to ensure appropriate levels of staff are maintained and credentials/licensure are maintained as applicable.
 - The TLRC would designate an entity or person responsible for contractual oversight and monitoring including reporting, outcomes, contract renewal, etc. This entity or individual would report to the TLRC if there were issues with contract compliance.
- **Option 2: Mental Health Recovery Service Board Pass-Through**
 - The MHR SB would serve as a pass-through entity to subcontract with each program including 1617 Reading Road, Turning Point, ADAPT and PreventionFIRST!
 - All subcontracts would be consistently applied including reporting requirements, evidence-based practice requirements, staffing requirements, etc.
 - The MHR SB would serve as the independent organization responsible for contractual oversight, monitoring, data reporting and collection, etc. as the MHR SB has the capacity to perform these duties.
 - The MHR SB would serve as the linkage between the subcontracted programs and the Hamilton County agency, such as the Sheriff's Department, Municipal and Common Pleas Courts, Probation, etc.

In addition to the contractual options above, PCG recommends the payment structure for 1617 Reading Road and Turning Point programs follow similar terms outlined in the contractual amendment executed July 1, 2017. This payment structure includes a per diem rate for a number of utilized treatment beds. The original agreement executed March 25, 2015 specifies the vendor is paid a monthly, flat rate with no mention of bed utilization or a per diem.

RECOMMENDATION 4: DEVELOP A UNIFORM DEFINITION OF RECIDIVISM

Agencies throughout Hamilton County define and track recidivism differently. For example, Talbert House does not track recidivism, the Veterans Court tracks recidivism by any new conviction in any state or local jurisdiction, and the Hamilton County Office of Reentry only tracks new convictions in Hamilton County within one year of release. PCG recommends that all agencies use the same definition of recidivism. The Ohio Department of Rehabilitation and Corrections defines recidivism as a "return to incarceration for conviction of a new criminal offense or a technical violation of the conditions of post-release supervision. The recidivism rate refers to the percent of inmates who are returned for either of these reasons within three (3) years of the date of their release"⁵³ PCG recommends that all agencies in this report use the same definition for recidivism and the recidivism rate.

⁵³ Ohio Department of Rehabilitation and Correction. (2018). Bureau of Research and Evaluation. Research Brief. Recidivism Update. <https://drc.ohio.gov/Portals/0/Recidivism%20Report%202017.pdf>

Once a uniform definition of recidivism has been established, PCG recommends that all agencies within this report collect recidivism outcome data and report this data to the TLRC as required.

RECOMMENDATION 5: ESTABLISH PROGRAM PERFORMANCE MEASURES & ENHANCE DATA COLLECTION

PCG recommends that as part of the FST levy contracts, performance measures are identified and collected for each program. This will allow for levy funded agencies to track their progress in meeting their objectives and goals. Currently, not all agencies are required to track performance or collect data. Furthermore, agencies that track race and/or ethnicity data do not utilize the same categories. For consistency, PCG recommends standard race/ethnicity categories are used by each agency.

Jail-Based Data Collection

Currently, the Hamilton County Sheriff's Office does not collect jail inmate demographic information that can be easily extracted. PCG recommends that the Hamilton County Sheriff's Office collect the demographic data outlined below.

Age
<ul style="list-style-type: none">• Adult Males• Adult Females• Males age 17 or younger• Females age 17 or younger
Offense Type
<ul style="list-style-type: none">• Felony• Misdemeanor• Other (Specify)
Legal Status
<ul style="list-style-type: none">• Pre-Trial• Sentenced• Probation/Parole Violation
Race/Ethnicity
<ul style="list-style-type: none">• White, not of Hispanic origin• Black or African American• Hispanic or Latino• American Indian or Alaska Native• Asian• Native Hawaiian or other Pacific Islander• Two or more races• Other• Unknown
Reason for being held
<ul style="list-style-type: none">• Federal authorities• State prison authorities• Local jurisdiction

- Other local jail jurisdiction (within Ohio and outside of Ohio)
- Other

Municipal Court

The most commonly referred evaluation from the Hamilton County Court is for a Substance Abuse Assessment; however, the court does not currently track the number of referrals that are made under the FST funded contract for evaluations. PCG recommends that the Municipal Court track the number of referrals requested and completed by referral type.

Talbert House

Talbert House currently does not recidivism data. It is recommended that in addition to collecting data regarding demographics, admissions, completions, length of stay, offense type, and treatment provided, Talbert House should collect recidivism data.

RECOMMENDATION 6: INVEST IN DATA INTEROPERABILITY

Criminal justice information sharing is a critical issue facing many counties and states across the country. Siloed data management systems, limited access and interfaces to these systems by other agencies and partners make it difficult to track an individual across the system from arrest to reentry. Currently, agencies review lists of individuals to manually track recidivism as there is no system to track an individual's criminal history or previous involvement with some of the FST levy funded programs, such as ADAPT, 1617 Reading Road or Turning Point. Furthermore, Talbert House does not currently track recidivism but should begin to track against the manual lists of individuals until a further solution has been developed.

Investments in data interoperability between Hamilton County agencies, including the development of common client ID and an integrated data warehouse to allow for a full view of individuals across agencies would help with case planning, treatment planning, coordination, reentry and release. Additionally, the creation of memoranda of understanding, data sharing agreements, and regular information sharing practices would be part of the process.

PCG acknowledges this initiative would require a significant amount of funding and would need to be accomplished outside of the FST levy funding.

RECOMMENDATION 7: INCREASE TREATMENT BED AND DETOXIFICATION CAPACITY

In 2019, the Turning Point 6-, 10-, and 20-day Driver Intervention Programs (DIP) will move to the Hamilton County Community Alternative Sentencing Center (CASC). Currently, the third floor of the Turning Point location is dedicated to these programs, equivalent to ten beds and approximately \$219,741 in expenses from 2018. Once the transition to the CASC occurs, the third floor of Turning Point will be vacant. Below are three potential options for consideration.

- **Option 1: Operationally Define Turning Point as 1617 Reading Road**
 - Allows for additional bed space
 - Doesn't differentiate the programs between alcohol and other substance abuse treatment
 - Makes all beds treatment beds (60-90 day)

- **Option 2: Use Turning Point as a Residential Detoxification Program**
 - Anecdotally, PCG heard there is a lack of space for detoxification, and that the Sheriff's Department must take on the bulk of the detoxification period
 - Detoxification program beds (28-day program)
 - By using Turning Point as a space for the detoxification program, participants can then step-down into the CASC for treatment as needed.
- **Option 3: Use Turning Point as a Combination of Treatment and Residential Detoxification Program Beds**

RECOMMENDATION 8: EVALUATE FST REVENUE ALLOCATION

As evidenced in this report, the Family Services and Treatment Levy supports many important treatment options throughout Hamilton County. In fact, approximately 99 percent of the FST Levy funds from 2015 to 2018 have gone to treatment-based programs like those at Talbert House, the Office of Reentry, the Sheriff's Department, and Municipal and Veterans Treatment Court. PreventionFIRST! is the only prevention-based program that regularly receives FST funds, amounting to approximately one percent of the levy from 2015 to 2018 and covering approximately 6 percent of PreventionFIRST!'s total expenses. There was one exception in 2017 when the Hamilton County Heroin Coalition received eight (8) percent of the levy funds (equivalent to \$500,000). In 2015, 77 percent of the budgeted funds were spent. In 2016 the Levy came close to using all the funds allocated for programs (97%), but in 2017 fell back to 87 percent. It is important to note that these percentages of funds spent do not include the carry-over already budgeted in the Levy Plan. On average, the Levy has carried over \$2.8M each year, though the Levy Plan budgeted for a negative carry-over on average of -\$579,379. There are instances of allocated funds not being spend over and above what is left for encumbrances and carryover.

There have been numerous studies on the cost-benefit analysis of substance abuse prevention versus treatment. In a macro-analysis of multiple cost-benefit studies, the Community Prevention Initiative found that for every \$1 spent on prevention, an average of \$10 was saved in treatment.⁵⁴ The Substance Abuse and Mental Health Services Administration (SAMHSA) itself recommends offsetting substance abuse treatment through the effective implementation of prevention policies and programs.⁵⁵ In the face of this evidence, PCG recommends examining the allocation of the FST Levy funds and, where possible, seek opportunities through carry-over balance or any unused funds or reductions in or reallocations from other programs, to fund prevention programs that will impact the number of individuals that come into the county treatment programs.

RECOMMENDATION 9: IDENTIFY INDIVIDUALS ELIGIBLE FOR SENTENCING ALTERNATIVES BASED UPON RISK ASSESSMENT

⁵⁴ Center for Applied Research Solutions. (2011). The Power of Substance Abuse Prevention: Why Invest in Prevention. http://www.cars-rp.org/publications/PowerOfPrevention/POP_0101.pdf

⁵⁵ Miller, T. and Hendrie, D. *Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis*, DHHS Pub. No. (SMA) 07-4298. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2008. <https://www.samhsa.gov/sites/default/files/cost-benefits-prevention.pdf>

In 2011, HB 86 was enacted in Ohio which changed the criminal sentencing practices with the goal of justice reinvestment to lower state prison populations and allowing low-level, non-violent offenders to serve their sentences in the community. One major reform in HB 86 was the creation of the Community Alternative Sentencing Center (CASC). The goal of the CASC is to house misdemeanants sentenced directly by the Court not to exceed 30 days or under a term of confinement for an OVI offense imposed under state law or a municipal ordinance not to exceed 60 days.

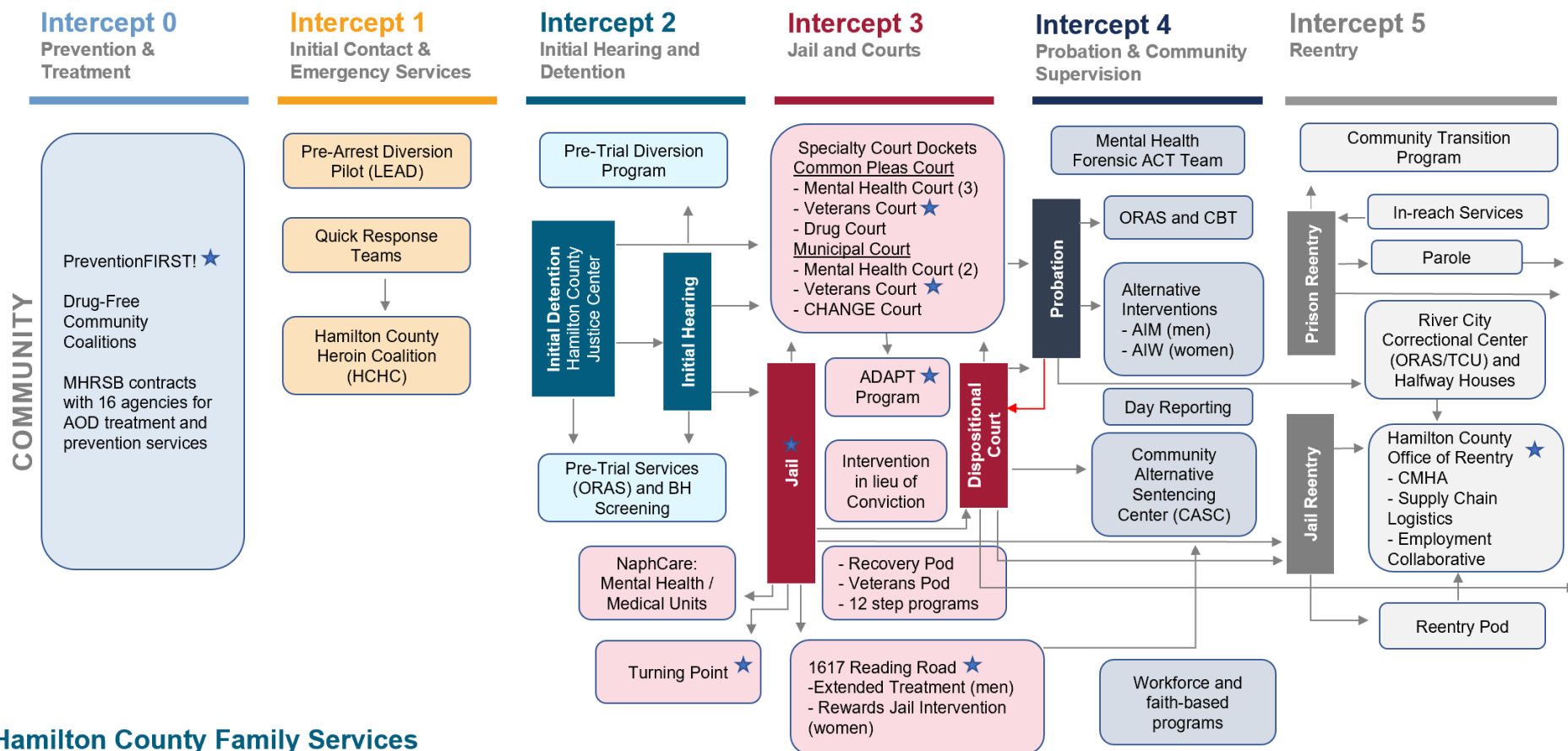
Hamilton County recently contracted with Talbert House to begin operations of the CASC. The program will provide two (2) sentence tracks: 1) direct sentence to meet mandatory minimum OVI/DUS sentences (6, 10, 20 days) and low or moderate risk offenders with mandatory sentences of 30 or 60 days, not to exceed 90 days; 2) offenders who have successfully completed jail-based treatment and need more dosage and/or are in need of housing/sober living environment pursuant to court sentence or order.

The CASC provides an opportunity for Hamilton County to assess the current jail population housed at the Hamilton County Justice Center, 1617 Reading Road and Turning Point to determine how many offenders would be eligible for participation in the CASC, specifically those offenders that may need less treatment dosage. This would help reduce the reliance on 1617 and Reading Road jail-based treatment programs since many of these offenders can now be served in the CASC. Reductions in those programs would also reduce the security staffing necessary for each facility.

Depending on the capacity and outcomes of the CASC, the TLRC could shift FST levy funds from 1617 Reading Road and Turning Point programs to the CASC, if the need arises.

VII. APPENDICES

Appendix A: Treatment Services Sequential Intercept Map



Hamilton County Family Services and Treatment Map

June 2019

★ FST Levy Funded Program

Intercept 0

Prevention & Treatment

Program	Agency	Overview	Funding Sources	Annual Program Cost	Contact Information
PreventionFIRST!	Mental Health Recovery Services Board	Formerly the Coalition for a Drug-Free Greater Cincinnati, PreventionFIRST! promotes healthy behaviors by sparking and sustaining community change.	FST Levy SAMHSA Grants OhioMHAS Grants Fee for Service Other Grants and Donations Special Events/Fundraising	\$800,000 - \$1,000,000	Mary Haag, President and CEO; 513-751-8000 x11; mhaag@prevention-first.org
Drug-Free Community Coalitions	N/A	The goal of these programs is to increase collaboration to reduce youth substance use/misuse.	FST Levy SAMHSA Other Grants and Donations	\$0 - \$125,000	Mary Haag, President and CEO; 513-751-8000 x11; mhaag@prevention-first.org
Alcohol and Other Drug (AOD) Treatment and Prevention Services	Mental Health Recovery Services Board	MHR SB contracts with 16 community providers for alcohol and other drug (AOD) treatment and prevention services.	MHR SB	\$13,900,000	Linda Gallagher, Vice President of Mental Health and Addiction Services; 513-946-8600; lindag@hcmhrsb.org

Intercept 1

Initial Contact & Emergency Services

Program	Agency	Overview	Funding Sources	Annual Program Cost	Contact Information
Pre-Arrest Diversion Pilot (LEAD)	Hamilton County Heroin Coalition	Pilot program in Cincinnati Police District 1. LEAD is a community-based law enforcement diversion approach with the goals of improving public safety and reducing unnecessary justice system involvement.	U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance	\$500,000	Lisa Webb, Senior Policy Manager; 513-946-4306; lisa.webb@hamilton-co.org
Quick Response Teams	Hamilton County Heroin Coalition	Interdisciplinary team that follows up with overdose survivors and provides referrals to addictions treatment and other services.	U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance	\$400,000	Lisa Webb, Senior Policy Manager; 513-946-4306; lisa.webb@hamilton-co.org
Heroin Coalition	Hamilton County Heroin Coalition	Provides countywide leadership and solutions to address the heroin and opiate epidemic both immediately and in the long-term.	FST Levy Other Grants and Donations	\$2,500,000: Harm Reduction Program \$15,000: Officers on loan from jurisdictions	Lisa Webb, Senior Policy Manager; 513-946-4306; lisa.webb@hamilton-co.org

Intercept 2

Initial Hearing and Detention

Program	Agency	Overview	Funding Sources	Annual Program Cost	Contact Information
Pre-Trial Diversion Program	Hamilton County Prosecutor's Office	Diversion program for first-time, non-violent offenders.	User Fees		Brandon Hopkins, Program Coordinator; 513-946-3268
Pre-Trial Services	Hamilton County Pre-Trial and Community Transition Services	Department conducts intake interviews, helps determine program and specialty court eligibility and diversion services and provides judges detailed information to make informed decisions about release and sentencing.	General Fund MHR SB	\$61,000 (BH Screenings) \$45,000 (Specialized Dockets)	Tom Sauer, Director; 513-946-6163; TSauer@cms.hamilton-co.org
Hamilton County Justice Center	Hamilton County Sheriff's Office	Overseen by the Jail Services Division, the Hamilton County Justice Center is the primary adult detention facility under the jurisdiction of the Sheriff's Department.	General Fund	\$39,200,000	Major Chris Kettelman; CKettelman@sheriff.hamilton-co.org

Intercept 3

Jail and Courts

Program	Agency	Overview	Funding Sources	Annual Program Cost	Contact Information
Mental Health Court	Hamilton County Common Pleas Court	Judge-supervised treatment program for non-violent felony offenses committed by defendants with severe mental illness.	MHR SB Medicaid	\$78,425	Patricia Beecher, Municipal Health Court Monitor; 513-946-5211; beechepl@centralclinic.org
Veterans Treatment Court	Hamilton County Common Pleas Court	Judge-supervised treatment program for non-violent, felony veteran offenders to help veterans address the issues that led to contact with the criminal justice system.	FST Levy	\$150,000	Gary Yuratovac, Program Director for Hamilton County Specialized Dockets; 513-618-4215; yuratoga@centralclinic.org
Drug Court	Hamilton County Common Pleas Court	This specialized docket seeks to protect the community by reducing recidivism by improving and expediting the delivery of services through intense supervision and treatment.	MHR SB	\$451,418	Josh Arnold, Vice President; 513-751-7747; josh.arnold@talberthouse.org
Alcohol & Drug Addiction Partnership for Treatment (ADAPT) Program	Hamilton County Mental Health and Recovery Services Board	Inpatient residential services and outpatient programs for male and female non-violent drug offenders as an alternative to conviction and/or incarceration.	FST Levy	\$2,500,000 - \$3,000,000	Josh Arnold, Vice President; 513-751-7747; josh.arnold@talberthouse.org
Mental Health Court	Hamilton County Municipal Court	Judge-supervised treatment program for non-violent misdemeanor offenses committed by defendants with severe mental illness.	MHR SB Medicaid	\$812,706	Patricia Beecher, Municipal Health Court Monitor; 513-946-5211; beechepl@centralclinic.org
Veterans Treatment Court	Hamilton County Municipal Court	Judge-supervised treatment program for non-violent, misdemeanor veteran offenders to help veterans address the issues that led to contact with the criminal justice system.	FST Levy	\$150,000	Gary Yuratovac, Program Director for Hamilton County Specialized Dockets; 513-618-4215; yuratoga@centralclinic.org
CHANGE Court	Hamilton County Municipal Court	Judge-supervised treatment program for those charged with prostitution and related offenses in Hamilton County.	General Fund MHR SB	\$35,000	Change Court Coordinator; 513-768-6906 or 513-702-2897

Intercept 3 (cont'd)

Jail and Courts

Program	Agency	Overview	Funding Sources	Annual Program Cost	Contact Information
1617 Reading Road	Talbert House, Hamilton County Sheriff's Office	Residential jail treatment facility for adult male and female drug and alcohol-related offenders.	FST Levy	\$2,500,000	Josh Arnold, Vice President of Addictions, 513-281-2273 josh.arnold@talberthouse.org
Turning Point	Talbert House	Chemical dependency residential treatment program for male offenders incarcerated for alcohol and/or other drug-related offenses.	FST Levy	\$700,000 - \$800,000	Josh Arnold, Vice President of Addictions, 513-281-2273 josh.arnold@talberthouse.org
NaphCare	Hamilton County Sheriff's Office, Justice Center	Correctional healthcare provider including comprehensive medical services (on-site medical, dental and mental health care), pharmaceuticals, etc.	Indigent Care Levy	\$7,500,000	Major Chris Kettelman; CKettelman@sheriff.hamilton-co.org
Recovery Pod	Talbert House	Provides opiate addiction support and education to female inmates.	MHR SB	\$320,000	Josh Arnold, Vice President of Addictions, 513-281-2273 josh.arnold@talberthouse.org
Veterans Pod	Hamilton County Sheriff's Office, Justice Center	Participants in this pod routinely receive support and post incarceration placement from various agencies throughout the county.	General Fund		Don Evans, Supervisor, Office of Classification and Social Services; 513-946-6732; devans@sheriff.hamilton-co.org

Intercept 4

Probation & Community Supervision

Program	Agency	Overview	Funding Sources	Annual Program Cost	Contact Information
Mental Health Forensic ACT Team	Greater Cincinnati Behavioral Health Services	Intensive wrap-around services, often provided in teams, to help people with severe mental illness achieve independence by living and working in the community	Medicaid/Medicare: 55.6% County Boards: 25.7% Grants, Fundraising & Other: 6.8% Partnerships & Contracts: 6.2% State & Local: 3.7% Fees for Service: 2%	\$41,861,000	513-354-5200 https://www.gcbhs.com/contact-us/
Alternative Interventions for Men and Women (AIM / AIW)	Court Clinic	Provides gender-specific, evidence-based treatment to non-violent, court involved men who have co-occurring mental health and substance abuse or dependence disorders.	Substance Abuse and Mental Health Services Administration (SAMHSA) MHR SB	\$50,000	Eleanor Maley: 513-651-9300
Day Reporting	Talbert House – Municipal & Common Pleas Services	Provides probationers supervised by the Common Pleas and Municipal Court Probation Department with monitoring and behaviorally focused services, sanctions and outpatient services for offenders diagnosed with a substance use disorder. The program can be used as an alternative sanction for moderate- and high-risk male offenders whom the court would ordinarily impose a period of incarceration.	General Fund	\$400,000	Josh Arnold, Vice President; 513-751-7747; josh.arnold@talberthouse.org
Community Alternative Sentencing Center (CASC)	Talbert House	Residential work-release misdemeanor program servicing mandatory OVI sentenced males and females and males and females transitioning from a jail-based treatment program.	TCAP General Fund	\$1,466,150	Josh Arnold, Vice President; 513-751-7747; josh.arnold@talberthouse.org

Intercept 5

Reentry

Program	Agency	Overview	Funding Sources	Annual Program Cost	Contact Information
In-Reach Services	Hamilton County Office of Reentry	The Reentry Office visits each of the 12 prisons in Ohio to engage and build relationships with offenders prior to release.	FST Levy	\$20,000	Trina Jackson, Director 513-946-4936; trina.jackson@hamilton-co.org
Parole	Ohio Department of Rehabilitation and Correction	Supervises adult felony inmates returning to local communities from prison, and assists the Courts of Common Pleas with supervising felony offenders.			
River City Correctional Center (ORAS/TCU) and Halfway Houses	Hamilton County Court of Common Pleas, Hamilton County Board of Commissioners	A local alternative to prison with the primary purpose of rehabilitation for non-violent, felony offenders	State of Ohio Operating Budget		Lisa Titus, Executive Director; 513-946-6868
CMHA – Family Reunification Program	Hamilton County Office of Reentry	Program to train and support returning citizens to join the lease of a family member (sponsor) or acquire a rental unit on their own.	FST Levy Other Grants and Donations	\$15,000	Trina Jackson, Director 513-946-4936; trina.jackson@hamilton-co.org
Preparing Incarcerated Women for Sustainable Careers (Supply Chain Logistics)	Hamilton County Office of Reentry	Nine week initiative to offer supply chain management training in the women's pod at River City Correctional.	FST Levy Other Grants and Donations	\$20,000	Trina Jackson, Director 513-946-4936; trina.jackson@hamilton-co.org
Employment Collaborative	Hamilton County Office of Reentry	Provides employment opportunity at a cleaning company and opportunities with the City of Cincinnati's municipal workers positions.	FST Levy Other Grants and Donations	\$10,000	Trina Jackson, Director 513-946-4936; trina.jackson@hamilton-co.org
Reentry Pod	Hamilton County Office of Reentry	Program to create pre-release plans to connect inmates to community resources prior to their release from the Hamilton County Jail.	FST Levy	\$50,000	Trina Jackson, Director 513-946-4936; trina.jackson@hamilton-co.org
Community Transition Program	Ohio Department of Mental Health and Addiction Services (OhioMHAS) Bureau of Criminal Justice	Provides access to recovery supports for individuals with substance use disorders returning to the community from Ohio's adult prison system	State of Ohio Operating Budget		Chris Nicastro, Chief, 614-466-9969; Christopher.nicastro@mha.ohio.gov



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